FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 24, 1996 08:00 AM
Secretary of State

DOCUMENT # **H91938** **(1)**

1. Corporation Name

MALONEY HOLDING COMPANY, INC.

Principal Place of Business

4084 HALIFAX DR
PT ORANGE FL 32127

Mailing Address

4084 HALIFAX DR
PT ORANGE FL 32127

3. Date Incorporated or Qualified: **12/30/1985**

3a. Date of Last Report: **01/13/1995**

4. FEI Number: **59-2617243** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MALONEY, DALE
4084 HALIFAX DR.
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1005, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	**DPV**	☐ DELETE
NAME	**MALONEY, DALE**	
STREET ADDRESS	**4084 HALIFAX DR.**	
CITY-ST-ZIP	**PORT ORANGE FL**	
TYPE	**ST**	☐ DELETE
NAME	**MALONEY, JUDY**	
STREET ADDRESS	**4084 HALIFAX DR.**	
CITY-ST-ZIP	**PORT ORANGE FL**	
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TYPE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TYPE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TYPE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TYPE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TYPE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TYPE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I declare, certify, that the information supplied with this report is true, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an indication for a change, addition or deletion.

SIGNATURE: D. A. Maloney Jan 18, 96 904 767 6807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR