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FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J18882

(7)

1. Corporation Name
MAP MASTERS, INC.

Principal Place of Business

2405 NW 71 PL
GAINESVILLE FL 32653

Mailing Address

P.O. BOX 7102
GAINESVILLE FL 32605-7102



3. Date Incorporated or Qualified

06/12/1986

3a. Date of Last Report

10/21/1996

4. FEI Number

59-2684029

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. 199.032,
Florida Statutes

☒

Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, JAMES F
3815 NW 13 ST
SUITE B
GAINESVILLE FL 32609

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 Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE

☐ Change ☐ Addition

NAME
PD
HOWE, DAVID A
STREET ADDRESS
4731 NW 51 PL
CITY-ST-ZIP
GAINESVILLE FL 32606

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE

☐ Change ☐ Addition

NAME
STD
HOWE, KATHRYN B
STREET ADDRESS
4731 NW 51 PL
CITY-ST-ZIP
GAINESVILLE FL 32606

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

31 TITLE

☐ Change ☒ Addition

NAME
VP
TILLEY, CLARENCE T
STREET ADDRESS
5307 NW 9th LN
CITY-ST-ZIP
GAINESVILLE FL 32605

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE

☐ Change ☒ Addition

NAME
VP
TILLEY, KATHRYN C.
STREET ADDRESS
5307 NW 9th LN
CITY-ST-ZIP
GAINESVILLE FL 32605

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, unchanged, or on an attachment with an address.

SIGNATURE:

DAVID A HOWE, President

2/3/97

352-371-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A HOWE

Date

Daytime Phone #

CR2E034 (9/96)