

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90074 023 \*\*\*150.00

DOCUMENT # J18882

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1986

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4731 NW 51 PL

Suite, Apt. #, etc.

22 GAINESVILLE FL

City & State

23 32606

Zip

Country

24

2a. Mailing Address

26 PO Box 357102

Suite, Apt. #, etc.

27 GAINESVILLE FL

City & State

28 32635

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRAY, JAMES F  
3615 NW 13 ST  
SUITE B  
GAINESVILLE FL 32609

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 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

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE STD ☐ DELETE

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

TITLE VP ☐ DELETE

NAME HOWE, ANTHONY  
STREET ADDRESS 2423 NW 69 TERR  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VP ☐ DELETE

NAME HOWE, JULIA D  
STREET ADDRESS 2423 NW 69 TERR  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Katherine Harris SECRETARY

4/27/99 352-371-8101  
Date Daytime Phone #

0061971

CR2E034 (1/98)