

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90177 009 \*\*\*150.00

**DOCUMENT # J33798**

1. Entity Name

MAXWELL TIRE & BATTERY COMPANY, INC.



Principal Place of Business

Mailing Address

C/O ELMO E. MAXWELL  
51 COMMERCE STREET  
APALACHICOLA FL 32320

C/O ELMO E. MAXWELL  
51 COMMERCE STREET  
APALACHICOLA FL 32320

14020787



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apalachicola, Fla  
City & State

Apalachicola, Fla  
City & State

32320

Zip  
32320

Country

U.S.A.

Zip

32320

Country

U.S.A.

4. FEI Number

59-2725310

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXWELL, ELMO E.  
51 COMMERCE STREET  
APALACHICOLA FL 32320

Name Ronald F Maxwell - President

Street Address (P.O. Box Number is Not Acceptable)

51 Commerce Street

City Apalachicola

FL

Zip Code

32320

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald F Maxwell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

\$150.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete  
NAME MAXWELL, ELMO E.  
STREET ADDRESS 112 AVENUE C  
CITY-ST-ZIP APALACHICOLA FL

TITLE Deceased ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MAXWELL, ANNA L.  
STREET ADDRESS 112 AVENUE C  
CITY-ST-ZIP APALACHICOLA FL

TITLE Stock holder ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MAXWELL, RONALD F.  
STREET ADDRESS HATHCOCK RD.  
CITY-ST-ZIP APALACHICOLA FL

TITLE President ☒ Change ☐ Addition  
NAME Ronald F Maxwell  
STREET ADDRESS 51 Commerce St  
CITY-ST-ZIP Apalachicola, Fla

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald F Maxwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

Date

653-9051

Daytime Phone #