**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.**
**AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

1995 JUN 20 PM 2:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J37760** **(2)**

1. Corporation Name

**MAXWELL G. BATTLE, JR., P.A.**

Principal Place of Business

1022 MAIN ST
STE J
DUNEDIN FL 34698
US

Mailing Address

P.O. BOX 1989
DUNEDIN FL 34697-1989

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1986

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 206 MASON STREET
22 Suite, Apt. #, etc.:
23 City & State: BRANDON, FL
24 Zip: 33511
25 Country: USA

2a. Mailing Address
26: 206 MASON STREET
27 Suite, Apt. #, etc.:
28 City & State: BRANDON, FL
29 Zip: 33511
30 Country: USA

4. FEI Number: 59-2730302 ☐ 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

9. Name and Address of Current Registered Agent

BATTLE, MAXWELL G., JR.
1022 MAIN STREET
SUITE J
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: MICHAEL S. EDENFIELD
82 Street Address (P.O. Box Number is Not Acceptable)
83: 206 MASON STREET
84 City: BRANDON FL 85 Zip Code: 33511

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: _____ DATE: 6/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | PST<br>BATTLE, MAXWELL G., JR.<br>~~1022 MAIN STREET, SUITE #J~~ 2467 TREEMONT WAY<br>DUNEDIN FL 33511 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | D<br>BATTLE, MAXWELL G., JR.<br>~~1022 MAIN STREET, SUITE #J~~ 2467 TREEMONT WAY<br>DUNEDIN FL 33511 | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | ☐ Change ☐ Addition<br>300001518993<br>-06/21/95--01034--023<br>****225.00 ****225.00 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | ☐ Change ☐ Addition<br>SC 6-20-95 |

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 this address.

SIGNATURE: Maxwell G Battle PRESIDENT 6/13/95 (813) 685-3011
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
MAXWELL G. BATTLE, JR.
Date / Daytime Phone #

0170181 FP