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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

J68209

(2)

Corporation N					
CAROL	C. MAXWELL, P.A.				
Principal Place of	of Business	Mailing Address			.50 10)) N 1011 11011 11014 11014 11011 11011 11011 11011 11011 11011 11011 11011 1
% ROBERT A. PIERCE 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301		% Robert A. Pierce 227 South Calhoun Street Tallahassee Fl 32301			
				3. Date Incorporated or Qualified	3a. Date of Last Report 05/01/1995
				04/20/1987 4. FET Number	Applied For
2. Principal Place of Business		2a. Mailing Address		59-2797426	Not Applicable
1 % Carol C. Maxwell		26 % Carol C. Maxwell Suite Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		27 4145 Arklow Drive		5. Certificate of Status Desired	Fee Required
2 4145 Arklow Drive City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3 Tallaha	ssee, FL 32308	28 Tallahassee		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in Elorida Statutes	ntangible tax linder s 199.032,
4	9. Name and Address of Curre	29	30 760	10. Name and Address of New R	
	g. Name and Address of Cure	THE REGISTER CO PAGE TO	81 Name	11 01 0	
PIERCE, ROBERT A. 227 SOUTH CALHOUN STREET		82 Street Add		(axwell, Carol C. tress (P.O. Box Number is Not Acceptable)	
			62 Street Addit	145 Arklow Drive	
	HASSEE FL 32301		83		
MODA	PIOOFF I F GEO.		84 City		85 Zip Code
			1 1 ′ ጥ	allahassee pration submits this statement for the pure and of directors. Thereby accept the appr	FL 32308
11. Pursuant to or registero	and accept the obligations of Ser	etion BOZ DEOD. Florida Statuta.			
or registere- familiar with SIGNATURE(s	the provisions of Sections 607.050 ad agent, or both, in the State of Floin, and accept the obligations of, Section 1. C. Maxwell, Signature trivid or printed name of registers and printed the section 1.	DPS ort and tillo it applicants (NO	DIE Regional gansgrature septe	ed with nent at up	DATE
or registere- familiar with SIGNATURE (s	Carol C. Maxwell, I Signature typed or printed name of registered ago OFFICERS AI	DPS 📞		with the	DATE
or registerer familiar with SIGNATURE SIGNATUR	Carol C. Maxwell, I Signature typic or printed name of registers as OFFICERS AI	DPS wit and tile if applicants (NO ND DIRECTORS	DIE Region in Lagran syrvatore те рис 13.	ed with nent at up	DATE ICERS AND DIRECTORS IN 12
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)