

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J68209** (2)

1. Corporation Name  
**CAROL C. MAXWELL, P.A.**



Principal Place of Business: % ROBERT A. PIERCE, 227 SOUTH CALHOUN STREET, TALLAHASSEE FL 32301  
Mailing Address: % ROBERT A. PIERCE, 227 SOUTH CALHOUN STREET, TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **04/20/1987**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2797426**  
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: 21 % Carol C. Maxwell, 22. 4145 Arklow Drive, Tallahassee, FL 32308  
2a. Mailing Address: 26 % Carol C. Maxwell, 27. 4145 Arklow Drive, Tallahassee, FL 32308  
24. Zip: 25 Leon, 29. Zip: 30 Leon

9. Name and Address of Current Registered Agent  
PIERCE, ROBERT A.  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
81 Name: Maxwell, Carol C.  
82 Street Address (P.O. Box Number is Not Acceptable): 4145 Arklow Drive  
83  
84 City: Tallahassee, FL 85 Zip Code: 32308

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: Carol C. Maxwell, DPS  
Signature typed or printed name of registered agent and title, if applicable.  
(NOTE: Registered Agent's signature required when registered through DATE: 4-9-96

12. OFFICERS AND DIRECTORS

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | DPS               | <input type="checkbox"/> DELETE |
| NAME           | MAXWELL, CAROL C. |                                 |
| STREET ADDRESS | 4145 ARKLOW DRIVE |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL    |                                 |
| TITLE          | T                 | <input type="checkbox"/> DELETE |
| NAME           | MAXWELL, CAROL C. |                                 |
| STREET ADDRESS | 4145 ARKLOW DRIVE |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL    |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> DELETE |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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)(k), 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol C Maxwell 4/9/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4-9-96

CR2E034 (12/95)