

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:48

DOCUMENT # J87269 (3)

1. Corporation Name
MAXTEC, INC.

Principal Place of Business
**251 MAITLAND AVE.
STE. 307
ALTAMONTE SPRINGS FL 32701-4914**

Mailing Address
**251 MAITLAND AVE.
STE. 307
ALTAMONTE SPRINGS FL 32701-4914**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/04/1987	3a. Date of Last Report 01/28/1994
4. FEI Number 59-2881633	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	2a. Mailing Address 26
22. Suite, Apt. #, etc. 22	27. Suite, Apt. #, etc. 27
23. City & State 23	28. City & State 28
24. Zip 24	29. Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent WISEMAN, ROBERT M. 995 STONEWOOD LANE MAITLAND FL 32751	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83.</td> <td></td> </tr> <tr> <td>84. City</td> <td>FL</td> </tr> <tr> <td>85. Zip Code</td> <td></td> </tr> </table>	81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83.		84. City	FL	85. Zip Code	
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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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHN T.	1.2 NAME	
STREET ADDRESS	704 OVERLOOK WAY	1.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER SPRINGS FL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WISEMAN, ROBERT M.	2.2 NAME	
STREET ADDRESS	995 STONEWOOD LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in Sections 197.02(3)(b), Florida Statutes. I further certify that the information included 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 transferee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Robert M. Wiseman* Robert M. Wiseman
SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

1/8/95 407-834-5115
Date Signature