

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 # **K42021** (1)

1. Corporation Name

MADDOX TECHNICAL SERVICE, INC.



Principal Place of Business

Mailing Address

%WILLIAM JONES MADDOX, SR.
3371 DEBUSSY ROAD
JACKSONVILLE FL 32277
US

%WILLIAM JONES MADDOX, SR.
3371 DEBUSSY ROAD
JACKSONVILLE FL 32277
US

3. Date Incorporated or Qualified
10/31/1988

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 State, Apt. #, etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number
59-2917193

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

10. Name and Address of New Registered Agent

**MADDOX, WILLIAM JONES SR.
3371 DEBUSSY ROAD
JACKSONVILLE FL 32277**

81 Name

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

(Signature required for this filing. Change the name and address of the agent.)

(If the Filing Agent's signature is required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

15 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

16 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Maddox* (WILLIAM J. MADDOX)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-98 904/744-2424
DATE DAY/MONTH/YEAR

CR2E034 (12/95)