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PROFIT CORPORATION ANNUAL REPORT



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

1996

K42021 **DOCUMENT #** 

111

1. Corporation Name  MADDOX TECHNICAL SERVICE, INC.  Principal Place of Business  **WILLIAM JONES MADDOX. SR. 3371 DEBUSSY ROAD JACKSONVILLE FL 32277  JACKSONVILLE FL 32277								
US	ILLE FL 322//	JACKSONVILLE FL US	. 32211		3. Date Incorporated or Qualified 10/31/1988	<b>3a</b> . Da	te of Last Re 02/27/1	
2. Psno-pal Pia	ce of Business	2a. Mailing Address		- •	4. FELN.mbe/ 59-2917193		h	Applied For
1] Suite, Apt. #	, etc	Surte. Apt. #, etc.						Not Applicable Additional
2		27			5. Certificate of Status Desired			Required
Orty & State		City & State			6. Election Campaign Financing			0 Мау Ве
3] 	Country	7lg	Countr		Trust Fund Contribution  8. This corporation has liability for	,		to Fees
4	25	29	30	,		cN □ s	tax dilder 3	155.002.
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New I	Registered	Agent	
MADD	OV MALLIAM LONGO CO		81					
MADDOX, WILLIAM JONES SR. 3371 DEBUSSY ROAD			82	2 Street Addre	ess (P.O. Box Number is Not Acceptal	ble;		
	SONVILLE FL 32277		83	3	······································			
			84	4 City			85 Zg	Code
familiar with	il and accept the obligations of, Se	ection 607.0505, Fiorida Statute	ized by the con es.	poration's boar	alion submits this statement for the pure of directors. Thereby accept the app	ointment a	is registered	agent. I am
familiar with SIGNATURE	Sy acide typica or prior transport copy beet as			orst Sugnature response		EATE FICERS AN		
SIGNATURE	OFFICERS A  DP  MADDOX, WILLIAM JONE	AND DIRECTORS	art ÉngelositAp 13.	ert signat de repuier	n when on ist migf	EATE FICERS AN	D DIRECTO	RS IN 12
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SIGNATURE  \$ 12.  THE  TAME SERVE LAMBESS  THE  NAME SHEET ARMESS  CHEST ARME  THE  NAME NAME NAME NAME NAME NAME NAME NAME	OFFICERS A DP MADDOX, WILLIAM JONE 3371 DEBUSSY ROAD	AND DIRECTORS DELFTE	2 1 Freedock (Age 13. 1 1 ITTLE 12 NAME 13 STREE 14 CTY 2 1 ITTLE 22 NAME 23 STREE 24 CTY 3 1 ITTLE	ert signal de requier ET ADDRESS ST-ZP ET ADDRESS ST-ZP	n when on ist migf	EATE FICERS AN	ID DIRECTO	HS IN 12
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SIGNATURE  12.  THEF NAME SIRGET ARRISESS  COLL STORM  HITE NAME SUBJECT ARRISESS  COLL STORM  INTE NAME SUBJECT ARRISESS  COLL STORM  SUBJECT ARRIVEDS  SUBJECT A	OFFICERS A DP MADDOX, WILLIAM JONE 3371 DEBUSSY ROAD	AND DIRECTORS  DELETE  DELETE  DELETE	2 NAME 2 NAME 2 NAME 2 NAME 2 NAME 3 STHEE 3 CHY 4 TITLE 4 NAME 4 STHEE 4 CHY 5 TITLE 5 NAME	ELLADORESS ST-ZP	n when on ist migf	EATE FICERS AN	□ Change □ Change □ Change	Addition  Addition  Addition
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certly that the information indicated on this annual report or supplementa annual report is true and accurate and that my signature shall have the same legal effect as if made under carn, 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 for on an attachment with an address.

SIGNATURE: William J. MADDOX
SIGNATURE: SIGNATURE OF TYPED DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-92 904/744-2424