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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10199

(2)

JOHN MAUS BUILDERS, INC.

Mailing Address

875 HILL ROOST ROAD TALLAHASSEE FL 32312 US

Principal Place of Business

875 HILL ROOST ROAD TALLAHASSEE FL 32312-6716 US FILED May 02 1997 8:00am Secretary of State



| US | | US | | | | |
|-------------------------------|---|---|---------------------------------|---|------------------------------------|--|
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| n n | A Charles | 1 9n Mallion Address | | 08/21/1989 | 04/12/1996 | |
| | ace of Business | 2a. Mailing Address | 3301 Aug | 4. FEI Number | Applied For | |
| 21 <i>め</i> めつ Suite, Apt | 3 NW Band Ave | 2 26 333 N.W. Suite, Apt. #, etc | ZZIVE HVE | 59-2962280 | Not Applicable | |
| | # 104 | 27 Apt # 10 | 4 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | , | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 57 | unrt, FL | 28 STUART, | FZ | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for | intangible tax under s. 199.032, | |
| 24 549 | 794 25 | [29] 34994 [3 | 0 | Florida Statutes | Yes No | |
| | 9. Name and Address of Currer | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent | |
| MAI | us, John M. | | 81 Name | | | |
| 875 | HILL ROOST ROAD | | R2 Street Add | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | LAHASSEE FL 32312 | | | 33 N.W. 22NO AVE | ""NOT 104 | |
| ,, | | | 83 | | | |
| | | | | | | |
| | | | 84 City S | +unat- | FI 85 Zip Coda! | |
| 11. Parement | to the provisions of Sections 607.050 | 2 and 607 1508 Florida Statutes | the above-named co | rporation submits this statement for the | purpose of changing its registered | |
| office or re | egistered agent, or both, in the State | o of Florida. Such change was au | thorized by the corpora | ation's board of directors. I hereby acce | pt the appointment as registered | |
| agent. La | m familiar with, and accept the oblig | ations of, Section 607.0505, Flori | da Statutes. | | | |
| SIGNATURE | Support or typout or printed name of registored ago | | Registered Agent signature requ | | DATE | |
| 12. | | ENT BIND THE IT ADDITIONS ID DIRECTORS | Hag stered Agent signature requ | ADDITIONS/CHANGES TO OFFIC | | |
| | DPT | DELETE | 1.3 TITLE | ADDITIONS/OTANGES TO OTT | Change Addition | |
| HILF | - | | | | Totaling | |
| NAME | MAUS, JOHN M. | | 1.2 NAME | W. 1 d / | ma cal use | |
| STHEET ADDRESS | 875 HILL ROOST ROAD | | 1.3 STREET ADDRESS | XXXX NU ARNON | VE KETTON | |
| CLA ST-SE | TALLAHASSEE FL | | 1.4 CITY-ST-ZIP | STUBET, FL 3 | ,4944 | |
| THEF | DS | ☐ DELETE | 21 TITLE | STURKT, FL | Change | |
| NAME | Maus, diana c. | | 22 NAME | | Aug BOX 1011 | |
| STREET ADDRESS | 875 HILL ROOST ROAD | | 23 STREET ADDRESS | 333 NW TZIVA. | Jack In 1109 | |
| CITY - S1 - ZiP | TALLAHASSEE FL | | 2 4 CITY-ST-ZIP | 3233 NW TZNO. Stynnt FL | 54994 | |
| TITLE | | DELETE | 31 TITLE | | Change Addition | |
| NAME | | | 3 2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CHY-St-Zair | | | 3.4. CITY - ST - ZIP | | | |
| THILE | | DELETE | 4.1 THTLE | | Change Addition | |
| NAME | | | 4. 2 NAMÉ | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| | | | 4.4 CITY - ST - ZIP | | | |
| City-St-7iP | | DELETE | 5.1 TITLE | | Change Addition | |
| | | First Decemb | 52 NAME | | _ stands _ requires | |
| NAME AUDIT AND DESCRIPTION | | | 1 | | | |
| STHEF! ADDRESS | | | 5.3 STREET ADDRESS | | | |
| C-TY-ST ZIP | | Dhritte | 5.4 CITY-ST-ZIP | | Chara Classes | |
| TULLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | ' | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| Ciff - St - ZiP | | | 6.4 CITY-ST-ZIP | | | |
| 14. I do heret | by certify that the information supplie | ed with this filing does not qualify | for the exemption state | ed in Section 119.07(3)(i), Florida Statute | s. 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 pharged, or on an attachment with an address.

SIGNATURE:

Date Daytime Phone #