

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90081 006 ***150.00

DOCUMENT # L10199

1. Corporation Name

JOHN MAUS BUILDERS, INC.



Principal Place of Business

**2233 NW 22ND AVE
APT 104
STUART FL 34994
US**

Mailing Address

**2233 NW 22ND AVE
APT 104
STUART FL 34994
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1989

2. Principal Place of Business

21 3312 PIPING ROCK STREET

Suite, Apt. #, etc.

22

2a. Mailing Address

26 3312 PIPING ROCK STREET

Suite, Apt. #, etc.

27

4. FEI Number

59-2962280

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

City & State

23 TALLAHASSEE, FL

Zip

24 32308

Country

25 LEON

City & State

28 TALLAHASSEE, FL

Zip

29 32308

Country

30 LEON

9. Name and Address of Current Registered Agent

**MAUS, JOHN M.
2233 NW 22ND AVE
APT 104
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3312 PIPING ROCK STREET

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE

NAME **MAUS, JOHN M.**

STREET ADDRESS **2233 NW 22ND AVE APT 104**

CITY-ST-ZIP **STUART FL**

TITLE **DS** ☐ DELETE

NAME **MAUS, DIANA C.**

STREET ADDRESS **2233 NW 22ND AVE APT 104**

CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**3312 PIPING ROCK STREET
TALLAHASSEE, FL 32308**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**3312 PIPING ROCK STREET
TALLAHASSEE, FL 32308**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: JOHN M. MAUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

(850) 894-8848

Daytime Phone #

CR2E034 (11/98)