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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **L41384** **(3)**

1. Corporation Name
MAXFAX SERVICES, INC.

Principal Place of Business
% ARLIE L HOWELL
1245 OAKWOOD LN
JACKSONVILLE FL 32259

Mailing Address
% ARLIE L HOWELL
1245 OAKWOOD LN
JACKSONVILLE FL 32259-3117

3. Date Incorporated or Qualified: **01/04/1990**
3a. Date of Last Report: **04/26/1996**

2. Principal Place of Business
21 108 Mill Cove Lane
Suite, Apt. #, etc.
22
City & State
23 Ponte Vedra Beach, Fl.
Zip 24 32082 Country 25 USA

2a. Mailing Address
26 P O Box 2231
Suite, Apt. #, etc.
27
City & State
28 Ponte Vedra Beach, Fl.
Zip 29 32004 Country 30 USA

4. FEI Number: **59-2986876** ☐ 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
HOWELL, ARLIE L.
1245 OAKWOOD LN
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent
81 Name: Arlie L Howell
82 Street Address (P.O. Box Number is Not Acceptable): 108 Mill Cove Lane
83
84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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: Arlie L Howell President DATE: 3/12/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: P ☐ DELETE
NAME: ARLIE L. HOWELL
STREET ADDRESS: 1245 OAKWOOD LANE
CITY-ST-ZIP: JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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	108 Mill Cove Lane	
1.4 CITY-ST-ZIP	Ponte Vedra Beach, Fl. 32082	
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Arlie L Howell Arlie L Howell 3/12/97 904-273-0242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #