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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L42306 (5)

**1. Corporation Name
MAINE GROUP, INC.**

| | |
|---|---|
| Principal Place of Business NELLOUISE LEMIRE 10700 STRINGFELLOW ROAD, SUITE 201 BOKEELJA FL 33922 | Mailing Address NELLOUISE LEMIRE 10700 STRINGFELLOW ROAD, SUITE 201 BOKEELJA FL 33922 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|---------------------------------------|-------------------------------|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/10/1990 | 3a. Date of Last Report 04/19/1994 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-0164907 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|-----------|--------------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LEMIRE, NELLOUISE 11958 ROYAL TEE CIR CAPE CORAL FL 33991 | | | | 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 607.0602 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|----------------------------|--|---|
| TITLE | D | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEMIRE, EDWARD | 1 2 NAME | |
| STREET ADDRESS | 16385 BOYCE DR #303 | 1 3 STREET ADDRESS | |
| CITY - ST - ZIP | BOKEELJA FL | 1 4 CITY - ST - ZIP | |
| TITLE | D | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEMIRE, NELLOUISE | 2 2 NAME | |
| STREET ADDRESS | 16385 BOYCE DR #303 | 2 3 STREET ADDRESS | |
| CITY - ST - ZIP | BOKEELJA FL | 2 4 CITY - ST - ZIP | |
| TITLE | | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3 2 NAME | |
| STREET ADDRESS | | 3 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3 4 CITY - ST - ZIP | |
| TITLE | | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4 2 NAME | |
| STREET ADDRESS | | 4 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4 4 CITY - ST - ZIP | |
| TITLE | | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5 2 NAME | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5 4 CITY - ST - ZIP | |
| TITLE | | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6 4 CITY - ST - 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Nelloise H. Lemire* **Nelloise H. Lemire** **4-17-95**