## 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

## DOCUMENT # L89516

TΠE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

MADDOX ENTERPRISES, INC.

Principal Plac	ce of Business	Mailing Address				
8445 CUSHMAN COURT 8445 CUSHMAN COURT NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 346		554				
THE TOTAL PROPERTY OF THE STATE			-		DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed	
					07/23/1990	,
2. Principal Place of Business 2a. Mailing Address						lied For
21		26			<b>59-3057234</b> Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Ad	iditional
22		27			5. Certificate of Status Desired  Fee Req	uired
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 M	lay Be
23		28			Trust Fund Contribution Added to	Fees
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax. Yes [	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent	
			8	1 Name		
MADDOX, RUSS 8445 CUSHMAN CT NEW PORT RICHEY FL 34654			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
			"		at the same of the	Acr 4 41 1 4 61
			8:	3		相對新國
	•		8-	4 04		
				4 City	FL 85 Zip Co	ode
.11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the purpose of changing its re	gistered
	registered agent, or both, in the Sta am familiar with, and accept the obli				on's board of directors. I hereby accept the appointment as regi	stered
•	•	gations of decilor our out,	ida Otatote	<b>.</b>		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Age	ent signature require	d when reinstating)	-,
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE		۲ (a, y, z, z, y, z, z, y, z, z, y, z,	Addition
NAME ,.	MADDOX, RUSS		1.2 NAME	:		
STREET ADORESS		•	1.3 STRE	ET ADDRESS	•	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-	ST-7IP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change	
Name			1			Addition
STREET ADDRESS			2.2 NAME			☐ Addition
CITY-ST-ZIP				1		Addition
	· · · · · · · · · · · · · · · · · · ·		2.3 STRE	ET ADDRESS		Addition
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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.

51 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

☐ DELETE

□ DELETE

g. 334 C.

Change

☐ Change

☐ Addition

☐ Addition

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

01-29-1999 90038 009 \*\*\*150.00