

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

2.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996

4-23-96 B-4232 C  
(1)

DOCUMENT # M40460

1. Corporation Name

MADIS & SON, INC.



Principal Place of Business

Mailing Address

1021 S. ROGERS CR.  
BOCA RATON FL 33487  
US

1021 S. ROGERS CR.  
BOCA RATON FL 33487  
US

3. Date Incorporated or Qualified

10/23/1986

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2736694

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADISON, GARY  
5737 WINDRIFT LANE  
BOCA RATON FL 33433

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 607.0502 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 restoring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPS  
MADISON, GARY  
STREET ADDRESS  
5737 WINDRIFT LANE  
CITY- ST- ZIP  
BOCA RATON FL

TITLE ☐ DELETE

NAME  
V  
MADISON, JANET  
STREET ADDRESS  
5737 WINDRIFT LANE  
CITY- ST- ZIP  
BOCA RATON FL

TITLE ☐ DELETE

NAME  
V  
MADISON, GARY D  
STREET ADDRESS  
1021 S. ROGERS CIRCLE  
CITY- ST- ZIP  
BOCA RATON FL

TITLE ☐ DELETE

NAME  
V  
WHITE, GARY  
STREET ADDRESS  
1021 S. ROGERS CIRCLE  
CITY- ST- ZIP  
BOCA RATON FL

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

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary Madison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Madison

4/22/96

407 391-9001

Date

Daytime Phone #

CR2E034 (12/95)