

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 16 1996 8:00 am  
Secretary of State

DOCUMENT # M85944 (0)

1. Corporation Name

MAUDA, INC.

Principal Place of Business

5431 SPRING HILL DR.  
SPRING HILL FL 34613

Mailing Address

5431 SPRING HILL DR.  
SPRING HILL FL 34613

3. Date Incorporated or Qualified  
06/17/1988

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2894075

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

10. Name and Address of New Registered Agent

DAFONTE, RICHARD J  
1000 BELCHER RD.  
SUITE 2  
LARGO FL 34641

81

Name  
KIERZYNSKI, MICHAEL J.

82

Street Address (P.O. Box Number is Not Acceptable)  
5143 COMMERCIAL WAY

83

84

City  
SPRING HILL,

FL

85

Zip Code  
34606

11. Pursuant to the provisions of Sections 607.0502 and 607.150A, 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

*Michael Kierzynski*  
Signature, typed or printed name of registered agent and director if applicable.

(Print) Registered Agent's signature required when re-appointing.

05/07/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME MCGILLIVRAY AUDREY  
STREET ADDRESS 4905 KEYSVILLE  
CITY-ST-ZIP SPRINGHILL FL ☐ DELETE

TITLE VT  
NAME MCGILLIVRAY, DAVID  
STREET ADDRESS 4905 KEYSVILLE  
CITY-ST-ZIP SPRINGHILL FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 2322 MEADOWLARK  
2.4 CITY-ST-ZIP SPRING HILL FL 34608

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:

*Audrey McGillivray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDREY MCGILLIVRAY

05/07/96

(352) 686-1867

Date

Daytime Phone #

CR2E034 (12/95)