FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 01 PM 2:28

DOCUMENT # **N47052** **(8)**

1. Corporation Name
M.A.D. DADS OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
5784 SE MERCEDES AVE STUART FL 34997	5784 SE MERCEDES AVE STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1992
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0337702 ☐ 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
7. Nonprofit with IRS 501(c)(3) ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Same
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

JONES, CHARLES
5784 SE MERCEDES AVE
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name: Same
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: Same
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, CHARLES
STREET ADDRESS	5784 SE MERCEDES AVE
CITY-ST-ZIP	STUART FL 34997
TITLE	BM
NAME	ANDERSON, CHARLES
STREET ADDRESS	5654 SE MERCEDES AVE
CITY-ST-ZIP	STUART FL 34997
TITLE	DT
NAME	MILLER, GARNARD
STREET ADDRESS	PO BOX 215
CITY-ST-ZIP	PT SALERNO FL 34992- N/A
TITLE	VP
NAME	FREDERICK GRAHAM,
STREET ADDRESS	P.O. BOX 12 N/A
CITY-ST-ZIP	PORT SALERNO FL 34992
TITLE	S(D)
NAME	MARY LOVELY,
STREET ADDRESS	P.O. BOX 432 N/A
CITY-ST-ZIP	HOBE SOUND FL 33475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	(B/M)(D)	☒ Change ☐ Addition
22 NAME	Massanes, Joseph	
23 STREET ADDRESS	800 SE Monterey Rd	
24 CITY-ST-ZIP	Stuart, FL 34994	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	(S)(D)	☒ Change ☐ Addition
52 NAME	Loretta Bradley	
53 STREET ADDRESS	7735 SE Hillsboro	
54 CITY-ST-ZIP	Hobe Sound, FL 33455	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles E. Jones Charles E. Jones 04/06/95 (407) 220-7149
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

C070780