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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000001456 (1)

1. Corporation Name

M.A.D. D.A.D.S. OF JEFFERSON COUNTY, INC.

Principal Place of Business

Mailing Address

795 E SECOND STREET  
MONTICELLO FL 32344

P.O. BOX 1063  
MONTICELLO FL 32345-1063



3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3355276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

JONES, JOHN S  
795 E SECOND STREET  
MONTICELLO FL 32344

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 617.0502 and 617.1508, 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 617.0503, 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 P ☐ DELETE

NAME JONES, JOHN S  
STREET ADDRESS 795 E SECOND STREET  
CITY - ST - ZIP MONTICELLO FL 32344

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME NEELY, RUDOLPH  
STREET ADDRESS RT 2 BOX 154 N/A  
CITY - ST - ZIP MONTICELLO FL 32344

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME BALL, CAVIN  
STREET ADDRESS RT 2 BOX 9 N/A  
CITY - ST - ZIP MONTICELLO FL 32344

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RANSOM, BEN  
STREET ADDRESS RT 4 BOX 4750 N/A  
CITY - ST - ZIP MONTICELLO FL 32344

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-97

904 342-084

Date

Daytime Phone # 0000067

CR2E037 (9/96)