## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # N95000001456 (1)

**FILED** Apr 20 1998 8:00am Secretary of State

M.A.D. D.A.D.S. OF JEFFERSON COUNTY, INC.								
Principal Pla	Principal Place of Business Mailing Address					1 (63)(16) BIO JOINT ONNI BONI BONI ODNI ODNI ODNI SIDIE GIODE GIND BIN (66)		
785 E SECOND STREET P.O. BOX 1063 MONTICELLO FL 32344 MONTICELLO FL 32345						3. Date Incorporated or Qualified  03/27/1995  4. FEI Number		
						4. FEI Number Applied For Not Applied by Applied For Not Applied For Not Applied For Applied For Not Applied For Applied For Not Applied For Applied For Applied For Applied For Not Applied For Appli		
2. Principal	Place of Business	2a. Mailing Address 26				Certificate of Status Desired     \$8.75 Additional     Fee Regulred		
Suite, Apt. #, etc. 22 City & State 23		Sulte, Apt. #, etc. 27 City & State 28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
					7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip	<del></del>	untry	′	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		***	Personal Property Tax due June 30.		
	9. Name and Address of Cur	rent Registered Agent		-		10. Name and Address of New Registered Agent		
				81	Name			
JONES, JOHN S				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
795 E SECOND STREET								
MONTH	CELLO FL 32344			63				
				84	City	BS Zip Code		
						<b>₱</b> L.		
office or agent. I SIGNATURE		ate of Florida. Such change wa digations of, Section 617.0503,	is authorize Florida Sta	d by	the corpora	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
SIGNATORIE	Signature, typed or printed name of registered	agent and title if applicable (F	OTE: Registere	d Ape	nt signature req	equired when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	D Steele		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition		
NAME			1.2 N					
STREET ADDRESS			1.3 S					
CITY-ST-ZIP								
TITLE	VO			2.1 TITLE		☐ Change ☐ Addition		
NAME	RT 2 BOX 154 N/A 2		22 N	2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS			2.3 S					
CITY-ST-ZIP	MONTICELLO FL 32344			2. 4 CITY-ST-ZIP				
TITLE	SD	☐ DELETE	3.1 T	ITLE		☐ Change ☐ Addition		
NAME	BALL, CAVIN		3.2 N	3.2 NAME				
STREET ADDRESS	MONTICELLO FL 32344		3.3 S	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
CITY-ST-ZIP			3.4. (					
TITLE	D	☐ DELETE	4.1 T	4.1 TITLE		☐ Change ☐ Addition		
NAME	DORESS RT 4 BOX 4750 N/A		4.21	4. 2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS			4.3 S					
CITY-ST-ZIP	MONTICELLO FL 32344			ITY-S	T-ZIP			
TITLE	DELETE 5			5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 N					
STREET ADDRESS	1		5.3 \$	TREET	ADDRESS			
CITY+ST-ZIP	ļ			TY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addition		
NAME concer annocee			62 N	AME				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, propried by the corporation of the corporation of

CITY-ST-ZIP

Coul 14, 1998 (850)34-0184