

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P36730 (0)

1. Corporation Name  
MAXIPROP, INC.



Principal Place of Business

Mailing Address

ATT. TAX DEPT.  
P.O. BOX 1200  
JACKSON MS 39215-1200

ATT. TAX DEPT.  
P.O. BOX 1200  
JACKSON MS 39215-1200

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/13/1991

3a. Date of Last Report

03/23/1995

4. FBI Number

64-0753977

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

10. Name and Address of New Registered Agent

DAVIS, AILEEN S., ESQ.  
MCWHIRTER, GRANDOFF & REEVES, P.A.  
201 EAST KENNEDY BLVD., SUITE 800  
TAMPA FL 33602

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 chief executive officer

(The filer, Registered Agent, must sign and date when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LLOYDE, ROBERT S.  
STREET ADDRESS 210 EAST CAPITOL STREET  
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE V  
NAME GRIDER, ROBERT C.  
STREET ADDRESS 210 EAST CAPITOL STREET  
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE ST  
NAME BARKER, STEVE  
STREET ADDRESS 210 EAST CAPITOL STREET  
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE V  
NAME ROLAND, SESSIONS  
STREET ADDRESS 210 EAST CAPITOL STREET  
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE AT  
NAME WHITE, JUDY  
STREET ADDRESS 210 EAST CAPITOL STREET  
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800001808768  
-05/06/96--01028--038  
\*\*\*200.00

pm 5-1-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 601 968-4915

Date

Daytime Phone

CR2E034 (12/95)