

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 10 1997 8:00am  
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

**DOCUMENT # P39656 (4)**  
1. Corporation Name  
**MADDUX BUILDERS, INC.**



Principal Place of Business: **4340 KENILWOOD DRIVE NASHVILLE TN 37204**  
Mailing Address: **P.O. BOX 40285 NASHVILLE TN 37204-0285**

3. Date Incorporated or Qualified: **07/15/1992**  
3a. Date of Last Report: **05/31/1996**  
4. FEI Number: **62-1195924**  
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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LAW, DALE  
2500 21ST STREET NW, #87  
WINTER HAVEN FL 33880**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL** 85

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MADDUX, O. G., JR.</b>	
STREET ADDRESS	<b>3711 HILLDALE DRIVE</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37215</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MADDUX, STEPHEN G</b>	
STREET ADDRESS	<b>8824 OLD CHARLOTTE PIKE</b>	
CITY - ST - ZIP	<b>PEGRAM TN 37143</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MADDUX, DANIEL F</b>	
STREET ADDRESS	<b>7245 GREEN MEADOWS LANE</b>	
CITY - ST - ZIP	<b>NASHVILLE TN 37221</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BAIRD, FRANCES H</b>	
STREET ADDRESS	<b>134 STILLHOUSE ROAD</b>	
CITY - ST - ZIP	<b>HENDERSONVILLE TN 37075</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 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]* 1/27/97 615-832-0602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)