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ANNUAL REPORT
1995

DOCUMENT # P92000009701 (3)

1. Current Corporate Name
JOHN H. MADDOX INC.

Principal Place of Business	Mailing Address
8323 SPICEWOOD DR JACKSONVILLE FL 32216	8323 SPICEWOOD DR JACKSONVILLE FL 32216

FILED
95 FEB 22 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 10/31/1994
4. FEI Number: 59-3152145 ☐ 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

9. Name and Address of Current Registered Agent

ROSS, BONNIE
8131 ATLANTIC BLVD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

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: (Typed or printed name of person signing) (DATE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	1 1 TITLE	☐ Change ☐ Addition
02 NAME	MADDOX, JOHN H	1 2 NAME	
03 STREET ADDRESS	8323 SPICEWOOD DR	1 3 STREET ADDRESS	
04 CITY-ST-ZIP	JACKSONVILLE FL 32216	1 4 CITY-ST-ZIP	
05 TITLE	D	2 1 TITLE	☐ Change ☐ Addition
06 NAME	LUCAS, ILENE	2 2 NAME	
07 STREET ADDRESS	8131 ATLANTIC BLVD	2 3 STREET ADDRESS	
08 CITY-ST-ZIP	JACKSONVILLE FL 32211	2 4 CITY-ST-ZIP	
09 TITLE	D	3 1 TITLE	☐ Change ☐ Addition
10 NAME	ROSS, BONNIE	3 2 NAME	
11 STREET ADDRESS	8131 ATLANTIC BLVD	3 3 STREET ADDRESS	
12 CITY-ST-ZIP	JACKSONVILLE FL 32211	3 4 CITY-ST-ZIP	
13 TITLE		4 1 TITLE	☐ Change ☐ Addition
14 NAME		4 2 NAME	
15 STREET ADDRESS		4 3 STREET ADDRESS	
16 CITY-ST-ZIP		4 4 CITY-ST-ZIP	
17 TITLE		5 1 TITLE	☐ Change ☐ Addition
18 NAME		5 2 NAME	
19 STREET ADDRESS		5 3 STREET ADDRESS	
20 CITY-ST-ZIP		5 4 CITY-ST-ZIP	
21 TITLE		6 1 TITLE	☐ Change ☐ Addition
22 NAME		6 2 NAME	
23 STREET ADDRESS		6 3 STREET ADDRESS	
24 CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I 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)(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 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie Ross BONNIE ROSS 2-23-95 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Telephone Number

727-7140

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