FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAY -1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # P93000078050 (0)

1. Corporation Name
MAQUAM VALLEY INC.

Principal Place of Business	Mailing Address
SANTA FE BOULEVARD HIGHSPRINGS, FL 32643	P.O. BOX 30 ST. ALBANS BAY, VT 05481

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/03/93
3a. Date of Last Report: 03/15/94

2. Principal Place of Business — 21: P.O. BOX 1215; Suite, Apt. #, etc. — 22:; City & State — 23: HIGHSPRINGS, FL; Zip — 24: 32643; Country — 25: USA

2a. Mailing Address — 26: P.O. BOX 30; Suite, Apt. #, etc. — 27:; City & State — 28: ST. ALBANS BAY, VT; Zip — 29: 05481; Country — 30: USA

4. FEI Number: 59-3210362 ☐ 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

HANNA, SANDRA S.
25015 S E 65TH LANE
P.O. BOX 1268
HAWTHORNE, FL 32640

10. Name and Address of New Registered Agent

81 Name: BROOKS, JOHN H.
82 Street Address (P.O. Box Number is Not Acceptable): 11672 BRUSH RIDGE CIRCLE SOUTH
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32225

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: John H Brooks 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	P/D	1.1 TITLE	☐ Change ☐ Addition
NAME	FLANAGAN, MARY	1.2 NAME	
STREET ADDRESS	P O BOX 30 Maquam Shore Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST ALBANS BAY, VT 05481	1.4 CITY-ST-ZIP	
TITLE	V/D	2.1 TITLE	☒ Change ☐ Addition
NAME	HAWKINS, JAMES	2.2 NAME	V/D
STREET ADDRESS	1705 SANTA FE BLVD.	2.3 STREET ADDRESS	BROOKS, JOHN 11672 BRUSH RIDGE CIRCLE SOUTH
CITY-ST-ZIP	HIGH SPRINGS, FL 32643	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	300001518243
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-06/20/95--01116--003
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	****200.00 ****200.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	REMITTED BY MAY 1
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	$225.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Mary M Flanagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #