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Apr 08 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 # P93000085359 (6)

1. Corporation Name  
ROBERT D. MADDOX ENTERPRISES, INC.



Principal Place of Business  
7653 EDGEWATER DR  
WEST PALM BEACH FL 33406

Mailing Address  
7653 EDGEWATER DR  
WEST PALM BEACH FL 33406-8717

3. Date Incorporated or Qualified  
12/10/1993  
3a. Date of Last Report  
01/26/1996

2. Principal Place of Business  
21 11851 LEETH COURT  
Suite, Apt. #, etc.  
22  
2a. Mailing Address  
26 11851 LEETH COURT  
Suite, Apt. #, etc.  
27

4. FEI Number  
65-0471737  
Applied For  
Not Applicable

22  
City & State  
West Palm Beach, FL  
Zip  
33412  
Country  
FL  
27  
City & State  
West Palm Beach, FL  
Zip  
33412  
Country  
FL

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  
GRANTHAM, KIRK  
1860 FOREST HILL BLVD #105  
WEST PALM BEACH FL 33406

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

12. OFFICERS AND DIRECTORS  
TITLE P/D ☐ DELETE  
NAME MADDOX, ROBERT D  
STREET ADDRESS 7653 EDGEWATER DR  
CITY-ST-ZIP WEST PALM BEACH FL 33406  
TITLE S/T ☐ DELETE  
NAME MADDOX SHIRLEY M.  
STREET ADDRESS 7653 EDGEWATER DR  
CITY-ST-ZIP WEST PALM BEACH FL 33406  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 11851 LEETH COURT  
1.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33412  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 11851 LEETH COURT  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33412  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 included 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: Robert D. Maddox  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4-1-97  
Daytime Phone (561) 627-5003

CR2E034 (9/96)