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Mar 18 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 # P94000010893 (3)

1. Corporation Name

MADDOX, MARTIN & STAPP, P.A.



Principal Place of Business Mailing Address
4540-4 US 1 N 4540-4 US 1 N
ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32095-5203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 211 Liberty Street #3

22 City & State

27 City & State

23 Zip Country

28 Jacksonville, FL

24 Zip Country

29 32202 30 Duval

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

03/12/1996

4. FEI Number

59-3213334

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

MARTIN, TIMOTHY I
4540-4 US 1 N
ST AUGUSTINE FL 32095

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 of Registered Agent (if not the same as the filer, please print name and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME MARTIN, MARTIN I

STREET ADDRESS 4540-4 US 1 N

CITY, ST, ZIP ST AUGUSTINE FL 32095

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

NAME STAPP, FRED T

STREET ADDRESS 4540-4 US 1 N

CITY, ST, ZIP ST AUGUSTINE FL 32095

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

NAME MADDOX, SHANE C

STREET ADDRESS 4540-4 US 1 N

CITY, ST, ZIP ST AUGUSTINE FL 32095

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97

904 354 4550

CR2E034 (9/96)