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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000014791**1. Corporation Name

MADDOCKS ENTERPRISES OF VENICE, INC.

| Principal Place | of Busine |
|-----------------|-----------|
| 1144 DEARDON | DR |

Mailing Address

1144 DEARDON DR VENICE FL 34292

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90029 019 ***150.00



| VENICE FL 342 | VENICE FL 34292 | | | DO NOT WRITE IN THIS SPACE | | | |
|-----------------|--|--|--|----------------------------|--|---------------------------------------|---------------------------------------|
| | | | | | 3. Date Incorporated or Qualifed 02/21/1994 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Apr | olied For |
| 21 | | 26 | | | 65-0458090 | Not | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 A Fee Rec | |
| City & State | • · · · · · · · · · · · · · · · · · · · | City & State | | • | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip 24 | Country 25 | Zip | Countr | у | This corporation owes the current year to Personal Property Tax. | | □No |
| 241 | 9. Name and Address of Current | | | | 10. Name and Address of New Registered | d Agent | |
| · | | | 81 | 1 Name | | | ĺ |
| BOO 1001 | NE, JEFFREY A AVENIDA DEL CIRCO | IDE, 140 | 8: | 2 Street Add | dress (P.O. Box Number is Not Acceptable) | · · · · · · · · · · · · · · · · · · · | |
| | CE FL 34285 | | 8: | 3 | | | |
| | | | 84 | 4 City | F | 85 Zip C | ode |
| agent. i a | to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation | and 607.1508, Florida Statutes f Florida. Such change was autons of, Section 607.0505, Flori | s, the abor thorized by da Statute | ve-named corporates. | poration submits this statement for the purpose of tion's board of directors. I hereby accept the app | of changing its cintment as reg | registered pistered |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: F | Registered Ag | ent signature requir | ired when reinstating) : (\(\sigma_i \sigma_i\) | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | 不可 有知识的 证 (1) (1) | ☐ Change | ☐ Addition |
| NAME | MADDOCKS, SEWALL T. JR | | 1.2 NAME | | | | |
| STREET ADDRESS | 1144 DEARDON DR | • | 1.3 STRE | ET ADDRÉSS | | | |
| CITY-ST-ZIP | VENICE FL 34292 | | 1.4 CITY- | ST-ZIP | | | |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | MADDOCKS, BETTY J | | 2.2 NAME | ■ | *** · | | ĺ |
| STREET ADDRESS | 1144 DEÁRDON DR | | 2.3 STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | VENICE FL 34292 | A STATE OF THE STA | 2, 4 CITY- | -ST-ZIP | | | |
| TITLE TOTAL | der erkinde | DELETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME : | PRINCE OF A | * 1985*** * | 3.2 NAME | | | | |
| STREET ADDRESS | n training name to | | 3.3 STRE | ET ADDRESS | A STATE OF THE STA | | |
| CITY-ST-ZIP | to the second se | | 3.4. CITY- | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | 1 × 1 × 30 × 1 × 30 × 1 × 30 × 30 × 30 × | Change | - :- [-] Waaliigh |
| NAME TO SECURE |) (1.2.) | Freq 1 - 2 - 2 | 4. 2 NAMI | | | | Ì |
| STREET ADDRESS | | 計算制 (100 m 25m 27m) 발전하는 100 m 27m 27m | 1 | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | i | 5.51 | □ ⇔uange | |
| NAME | | | 5.2 NAME | | • | | |
| STREET ADDRESS | Marie Committee | • | | ET ADDRESS | | • | , |
| CITY-ST-ZIP | PATRICALISTIC CALL CONTRACTOR OF STATE | | 5.4 CITY- 6.1 TITLE | | | Change | ☐ Addition |
| TITLE | Maria Grandina Companya da Maria Grandina da Mar | ☐ DELETE | 6.2 NAME | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| NAME ' | | • | | ET ADDRESS | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | 121+ | | 6.4 CITY- | ·SI-ZIP | | | |

14. I 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, with all other like empowered.