

FILE NOW: FILING FEE AFTER MAY-1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057590 (9)

1. Corporation Name

MADCO OF AUBURN, INC.

Principal Place of Business

33 4TH STREET N.
ST. PETERSBURG FL 33701

Mailing Address

33 4TH STREET N.
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

4. FEI Number

63-1123582

Applied For
Not Applicable

5. Certificate of Status Desired

\$0.75 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

CARMELLO, JAMES
33 4TH STREET N.
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

KATE HARGROVE

82 Street Address (P.O. Box Number is Not Acceptable)

436 20 AVE, NE

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33704

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]

KATE HARGROVE

4/27/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-listing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P/S
Jim CARMELLO
1310 B 85 TERRACE NO.
ST. PETE FL 33702

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

5/27/95

REMITTED BY MAY 1

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)(k), 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]

Jim Carmello

4/27/95

813-821-1617

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #