

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067697 (0)

1. Corporation Name

MEHAFFEY ENTERPRISES, INC.

Principal Place of Business

562 WOODBINE DR
PENACOLA FL 32503

Mailing Address

562 WOODBINE DR
PENACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report

4. FEI Number

59-3268992

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

2. Principal Place of Business

21 Suite, Apt. # etc

2a. Mailing Address

26 Suite, Apt. # etc

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEHAFFEY, GEORGE M
562 WOODBINE DR
PENACOLA FL 32503

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 607.0603 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 607.0603, Florida Statutes.

SIGNATURE

(If the registered agent is a corporation, the signature of the president or officer authorized to execute the appointment must be obtained.)

(If the registered agent is an individual, the signature of the individual must be obtained.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	MEHAFFEY, GEORGE M
STREET ADDRESS	562 WOODBINE DR
CITY, ST, ZIP	PENACOLA FL 32503
TITLE	VSD
NAME	MEHAFFEY, VICKIE L
STREET ADDRESS	562 WOODBINE DR
CITY, ST, ZIP	PENACOLA FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is completely true and correct, and qualify for the exemptions stated in Section 119.07(6)(g), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *George M. MehaFFEY* George M. MehaFFEY 4/21/95 904 45413035
SIGNATURE AND TYPED OR PRINTED NAME OF THE OFFICER OR DIRECTOR