

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

95 JUL -5 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000081144 (5)

1. Corporation Name

MADISON FORSYTHE, INC.

Principal Place of Business

Mailing Address

4143 W. WATERS AVENUE, SUITE 228
TAMPA FL 33614

4143 W. WATERS AVENUE, SUITE 228
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/04/1994

4. FID Number

65-0532123

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Do you wish to report the following?

\$5.00 May Be
Added to Fees

7. This corporation has liability for attorney's fees under s. 100.012

Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 9420 Lutz Ln

26 4143 W. Waters Ave 228

State, Apt. #, etc

State, Apt. #, etc

22 E-15

27 Tampa

City & State

City & State

23 Tampa FL

28 FL

24 33614

29 33614

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street & Number (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

Agent's Name & Address (see Registered Agent's name & address)

12. If the corporation is a corporation, the signature of the president or the officer or director authorized to execute this statement is required.

(Date)

12. OFFICERS AND DIRECTORS

13. If the corporation is a corporation, the signature of the president or the officer or director authorized to execute this statement is required.

NAME	P FORSYTHE, WILLIAM M
STREET ADDRESS	4143 W. WATERS AVENUE, SUITE 228
CITY & STATE	TAMPA FL 33614
NAME	
STREET ADDRESS	
CITY & STATE	
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1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I 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)(b), Florida Statutes. I further certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in the list of officers, directors, or receivers or trustees with an address.

SIGNATURE:

Madison Forsythe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 6, 1995

813 933-9346

CR0304 (3/95)