

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002499 (8)

1. Corporation Name

MAY-FIELD TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

2418 JONILA AVENUE
LAKELAND FL 33803

2418 JONILA AVENUE
LAKELAND FL 33803

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3295660

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. 193.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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 John N. Giordano, Esq.

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

(If the Registered Agent Signature is required when one is filing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME DAVID W. JACOBS
STREET ADDRESS 2418 JONILA AVENUE
CITY-ST-ZIP LAKELAND, FL 33803

☐ DELETE

TITLE S/T
NAME JAMES L. BLAYLOCK
STREET ADDRESS 2418 JONILA AVENUE
CITY-ST-ZIP LAKELAND, FL 33803

☐ DELETE

TITLE D
NAME DOUGLAS G. BLAYLOCK
STREET ADDRESS 2418 JONILA AVENUE
CITY-ST-ZIP LAKELAND, FL 33803

☐ DELETE

TITLE D
NAME THOMAS J. COYNE
STREET ADDRESS 2418 JONILA AVENUE
CITY-ST-ZIP LAKELAND, FL 33803

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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-08/26/96--01010--009
***225.00

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 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 119, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James L. Blaylock Sec. / Treas.

2-17-96

501-442-8487

SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR