

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jul 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P95000014043 (0)

1. Corporation Name

FLORIDA MAIDS INC.

Principal Place of Business

8001 N. DALE MABRY
SUITE 501S
TAMPA FL 33614

Mailing Address

8001 N. DALE MABRY
SUITE 501S
TAMPA FL 33614-3285



3. Date Incorporated or Qualified 02/17/1995
3a. Date of Last Report 03/24/1998 3/12/97

2. Principal Place of Business

21 334 EASTLAKE ROAD

2a. Mailing Address

26 334 EASTLAKE ROAD

Suite, Apt. #, etc.

22 SUITE 260

Suite, Apt. #, etc.

27 SUITE 260

City & State

23 PALM HARBOR, FLORIDA

City & State

28 PALM HARBOR, FLORIDA

Zip

24 34685

Country

25 U.S.A.

Zip

29 34685

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HALL, VANITA L
33223 UW HWY 19N
STE 501
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

OLDSMAR

FL

85 Zip Code

34677

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P HALL, VANITA L ☐ DELETE

NAME
STREET ADDRESS 33223 US HWY 19N STE 501
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 110 GREENHAVEN TRAIL
1.4 CITY-ST-ZIP OLDSMAR, FLORIDA 34677

2.1 TITLE P ☐ Change ☒ Addition

2.2 NAME HALL, JOHN A.
2.3 STREET ADDRESS 110 GREENHAVEN TRAIL
2.4 CITY-ST-ZIP OLDSMAR, FLORIDA 34677

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000002602320
-07/30/98--01013--035
***550.00

14. I do 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.

SIGNATURE:

VANITA L HALL

3/12/97 813-818-0667