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Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90059 022 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000014043

1. Corporation Name  
FLORIDA MAIDS INC.

Principal Place of Business

334 EASTLAKE ROAD  
SUITE 260  
PALM HARBOR FL 34685

Mailing Address

334 EASTLAKE ROAD  
SUITE 260  
PALM HARBOR FL 34685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1995

4. FEI Number

59-3316736

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALL, VANITA L  
110 GREENHAVEN TRAIL  
OLDSMAR FL 34677

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
HALL, VANITA L  
STREET ADDRESS  
110 GREENHAVEN TRAIL  
CITY-ST-ZIP  
OLDSMAR FL 34677

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
HALL, JOHN A  
STREET ADDRESS  
110 GREENHAVEN TRAIL  
CITY-ST-ZIP  
OLDSMAR FL 34677

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
HALL, VANITA L  
STREET ADDRESS  
110 GREENHAVEN TRAIL  
CITY-ST-ZIP  
OLDSMAR FL 34677

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
HALL, JOHN A  
STREET ADDRESS  
110 GREENHAVEN TRAIL  
CITY-ST-ZIP  
OLDSMAR FL 34677

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
HALL, VANITA L  
STREET ADDRESS  
110 GREENHAVEN TRAIL  
CITY-ST-ZIP  
OLDSMAR FL 34677

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
HALL, JOHN A  
STREET ADDRESS  
110 GREENHAVEN TRAIL  
CITY-ST-ZIP  
OLDSMAR FL 34677

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

JOHN A. HALL PRESIDENT

Date

1/8/99

Daytime Phone #

(813) 818 7664

CR2E034 (11/98)