

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000092244 (9)**

1. Corporation Name

**MAGGIE INVESTMENTS, INC.**



Principal Place of Business

Mailing Address

3783 HARTSFIELD ROAD  
TALLAHASSEE FL 32303

3783 HARTSFIELD ROAD  
TALLAHASSEE FL 32303

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

28

Zip Country

24 Zip

25 Country

29

30

9. Name and Address of Current Registered Agent

**PEACOCK, BOBBY  
3783 HARTSFIELD ROAD  
TALLAHASSEE FL 32303**

|   |  |             |
|---|--|-------------|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report                                  |             |
| <b>12/05/1995</b>   |  |             |
| 4. FEI Number   | Applied For  |             |
| <b>59-3356100</b>   |  |             |
| Not Applicable  |  |             |
| 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required  |             |
| 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees     |             |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 10. Name and Address of New Registered Agent  |  |             |
| 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 block for signature

(NOTE: Registered Agent signature is required when changing)

DATE

| OFFICERS AND DIRECTORS          |                     | 13.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---------------------------------|---------------------|---|---|--|
| <input type="checkbox"/> DELETE | 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> DELETE | 1.2 NAME            |   |   |  |
| <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS  |   |   |  |
| <input type="checkbox"/> DELETE | 1.4 CITY - ST - ZIP |   |   |  |
| <input type="checkbox"/> DELETE | 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> DELETE | 2.2 NAME            |   |   |  |
| <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS  |   |   |  |
| <input type="checkbox"/> DELETE | 2.4 CITY - ST - ZIP |   |   |  |
| <input type="checkbox"/> DELETE | 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> DELETE | 3.2 NAME            |   |   |  |
| <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS  |   |   |  |
| <input type="checkbox"/> DELETE | 3.4 CITY - ST - ZIP |   |   |  |
| <input type="checkbox"/> DELETE | 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> DELETE | 4.2 NAME            |   |   |  |
| <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS  |   |   |  |
| <input type="checkbox"/> DELETE | 4.4 CITY - ST - ZIP |   |   |  |
| <input type="checkbox"/> DELETE | 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> DELETE | 5.2 NAME            |   |   |  |
| <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS  |   |   |  |
| <input type="checkbox"/> DELETE | 5.4 CITY - ST - ZIP |   |   |  |
| <input type="checkbox"/> DELETE | 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| <input type="checkbox"/> DELETE | 6.2 NAME            |   |   |  |
| <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS  |   |   |  |
| <input type="checkbox"/> DELETE | 6.4 CITY - ST - ZIP |   |   |  |

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Day/Phone #

CR2E034 (12/95)