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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

POCUMENT # P95000096701 (4)

· Corporation	INATIE					
MYRA PAXTON & ASSOCIATES, INC.						
Principal Place of Business Mailing Address						E TROUBUR THE TRUTH SHALL SHALL SOLL SOLL SOLL SOLL SOLL SOLL SOLL S
1020 SOUTH MAIN STREET 1020 SOUTH MAIN STREET WILDWOOD FL 34785 WILDWOOD FL 34785						
						3. Date Incorporated or Qualified 12/22/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21 26						59-335-2060   Not Applicable
Suite, Apt. i	#, etc:	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	;	City & State		-		Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		This corporation has liability for intangible tax under s 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent
	A 24.49h.4			01		
PAXTON, MYRA			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	ST COUNTY ROAD 466 FL 34484			83		
				84	City	85 Zip Code
7						<b>FL</b>
11. Pursuant t or registeri familiar viji	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	02 and 607,1508, Florida Statute irida. Such change was authorizi ction 607.0505, Florida Statutes	es, the abo ed by the o	ve-r corp	named co oration's	orporation submits this statement for the purpose of changing its registered office s board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE .	Signature, typed or printed name of registered ag-	sol and title if applicable. (NO	TE Registered	Agen	t signature re	required when reinstaling) DATE (C
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLF	president Sec.	☐ DELETE	1.17	1. 1 TITLE		☐ Change ☐ Addition
NAME	MyRA PAXIM	IN S. 1.2 NA		AME		
STREET ADDRESS	MyRA PAXIM 1020 Sown MAIN St. Wildwood, FI 34785		TREET	ADDRESS	ļ ļŭ	
CITY-ST-ZIP	W: 1000000, F.		1.4 CITY - ST - 2		T-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE		☐ DELETE	2 1 T	2 1 TITLE		Change Addition
NAME			2 2 N	AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		Dourse			T-ZIP	Change Addition
TITLE		☐ DELETE	3.17		;	Cit cusules D yangton.
NAME			3.2 N		. ADDDECC	
STREET ADDRESS					L ZIO	
CITY-S1-ZIP TITLE		TT DELETE	4.11		I - ZIP	Change Addition
NAME		<b>—</b> • • • • • • • • • • • • • • • • • • •	4.2 N			
STREET ADDRESS					address	900001795529
CITY-S1-ZIP					IT-ZIP	-04/26/9601019009
TOLE		☐ DELETE	5 1 T			****200.00
NAME		_	5.2 N	AME		
STREET ADORESS					ADDRESS	
COLY-ST-ZIP					ST-ZIP	
TITLE		☐ DELETE	6. 1 T			☐ Change ☐ Addilion
NAME			6.2 N	AME		ASA
STREET ADDRESS			6.3 S	TREET	ADDRESS	
I	1		640	ITV C	ST-ZIP	4-2576

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 or an attachment with an address.

SIGNATURE:

MY
NAME OF SIGNING OFFICER OR DIRECTOR

Myra Paxton

2-12-96 352-748-3636