OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90005 040 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

OCUMENT # P96000033910
Corporation Name
THE MAXWELL PRODUCTION GROUP, INC.

cipal Place of Business	Mailing Address
5 N GRANDVIEW DORA FL 32757	1025 N GRANDVIEW MT DORA FL 32757 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1996

Principal Place of Business	2a. Mailing Address
204 Hideaway CT	26 204 Hideaway CT
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State: Clermont FL	28 City & State: Clermont FL
Zip: 34711 25 Country: USA	29 Zip: 34711 30 Country: USA

4. FEI Number: 59-3421118 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLESHER, NANCY R
229 ALMA ST
KISSIMMEE FL 34741

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

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.

NATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	P ☐ DELETE	1.1 TITLE 1.2 NAME	☐ Change ☐ Addition
ET ADDRESS	KING, LAWRENCE W ~~1025 N GRANDVIEW~~	1.3 STREET ADDRESS	204 Hideaway CT
ST-ZIP	~~MT DORA FL 32757~~	1.4 CITY-ST-ZIP	Clermont FL 34711
	S ☐ DELETE	2.1 TITLE 2.2 NAME	☐ Change ☐ Addition
ET ADDRESS	KING, MARGARET M ~~1025 N GRANDVIEW~~	2.3 STREET ADDRESS	204 Hideaway CT
ST-ZIP	~~MT DORA FL 32757~~	2.4 CITY-ST-ZIP	Clermont, FL 34711
	☐ DELETE	3.1 TITLE 3.2 NAME	☐ Change ☐ Addition
ET ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
	☐ DELETE	4.1 TITLE 4.2 NAME	☐ Change ☐ Addition
ET ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
	☐ DELETE	5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
ET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE 6.2 NAME	☐ Change ☐ Addition
ET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

GNATURE: LAWRENCE W KING Lawrence W King 9/8/99 352-242-5062