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FILED

Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000055941 (4)

1. Corporation Name

MAYNARD MANAGEMENT & CONSULTING, INC.

Principal Place of Business

~~2172 RESERVE PARK TRACE~~
PORT ST. LUCIE FL 34952

Mailing Address

~~2172 RESERVE PARK TRACE~~
PORT ST. LUCIE FL 34952



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1996

4. FEI Number

65-0681525

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 9630 LANDINGS DRIVE

Suite, Apt. #, etc

22

City & State

23 PORT ST LUCIE, FL

Zip

24 34986

Country

25 FL

2a. Mailing Address

26 9630 LANDINGS DRIVE

Suite, Apt. #, etc.

27

City & State

28 PORT ST LUCIE, FL

Zip

29 34986

Country

30 FL

9. Name and Address of Current Registered Agent

MAYNARD, DON F
~~2172 RESERVE PARK TRACE~~
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name

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

83 9630 LANDINGS DRIVE

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

TITLE ☐ DELETE

NAME PT
STREET ADDRESS MAYNARD, DON F
CITY - ST - ZIP ~~2172 RESERVE PARK TRACE~~
PORT ST. LUCIE FL

TITLE ☐ DELETE

NAME VS
STREET ADDRESS MAYNARD, KATHRYN F
CITY - ST - ZIP ~~2172 RESERVE PARK TRACE~~
PORT ST. LUCIE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

9630 LANDINGS DRIVE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

9630 LANDINGS DRIVE

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

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.

SIGNATURE:

Don F. Maynard President 4/21/98

CR2E034 (10/97)