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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100273 (7)

MAYFIELD-ALABAMA INVESTMENTS, INC.

appears in Block 12 or Block 13 if change

| i tiropai riace | S OF DUSTINGS | Maning Address | | | | · · | | | | | |
|---|--|--|--------------|-------|--|---|-------------|--------------|------------|---------------------------------------|--|
| 800 N MAGNOLIA AVENUE SUITE 1500 ORLANDO FL 32803 | | P.O. BOX 2346 ORLANDO FL 32802-2346 | | | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 12/10/1996 | | | | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | | Apr | olied For | |
| 21 | 26 | | | | 59-3415456 | • | | Not | Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | E. Cartificate of Status Dealand | 5. Certificate of Status Desired \$8.75 Additional | | | | | |
| 22 | | 27 | 27 | | | 5. Certificate of Status Desired | | Fe | e Rec | quired | |
| City & State | ? | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | | | |
| 23 | 28 | | | | | Trust Fund Contribution | | Ad | ded to | Fees | |
| Zip | Country | Zip | Country | | | 8. This corporation has liability for intangible tax under s. 199.032, | | | | | |
| 24 | 25 | 29 | 30 | ٥ | | | | | | | |
| | 9. Name and Address of Curre | ent Registered Agent | | 541 | A1 | 10. Name and Address of New Re | glatered A | gent | | | |
| | arth, stephen J | | | 81 | Name | | | | | | |
| 800 N MAGNOLIA AVENUE | | | | | Street | Address (P.O. Box Number is Not Acceptable) | | | | | |
| Suiti | E 1500 | | | | | | | | | | |
| ORL | ANDO FL 32803 | | | 83 | | | | | | | |
| | | | ŀ | 84 | City | | | 85 | Zip C | ode | |
| | | | | | • | | FL | | • | | |
| 11. Pursuant | to the provisions of Sections 607.08 | 502 and 607.1508, Florida Stat | utes, the ab | OOVE | -named | corporation submits this statement for the poration's board of directors. I hereby acceptance | urpose of | chang | ing its | registered | |
| agent. La | m familiar with, and accept the obl | igations of, Section 607.0505, I | Florida Stat | utes | ine con | Solution a sound of undolore. Frioredy accep | ine appe | | it us i | ogistored | |
| SIGNATURE: | | | | | | | | | | | |
| | Signature, typed or printed name of registered a | | | Age | orutengra tn | required when reinstating) | DATE | | | | |
| 12. | ··· <u>··</u> | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICE | | | | | |
| TITLE | D DOZADZIL OZCOLICIA I | ☐ DELETE | 1.1 TO | | | D/P/S | | Cha | inge | Addition | |
| NAME | BOZARTH, STEPHEN J | TT 4500 | 1,2 NA | | | BOZARTH, STEPHEN J. | | •• | | | |
| STREET ADDRESS | 800 N MAGNOLIA AVENUE S | SIE 1500 | 1.3 \$1 | REET | ADDRESS | 800 N MAGNOLIA AVENUE S | TE 15 | 00 | | | |
| CITY-ST-ZIP | ORLANDO FL 32803 | | 1.4 CI | _ | T~ZIP | ORLANDO FL 32803 | | eri ar | | | |
| TITLE | | | 2.1 111 | | | D/T K) Ch | | | inge | Addition | |
| NAME | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | ME | | TOTTEN, JOHN M. | | | | | |
| STREET ADDRESS | | | | REET | ADDRESS | 012 LURAY DRIVE | | | | | |
| CITY-ST-ZIP | | | | | T-21P | ORLANDO FL 32812 | | | | | |
| TITLE | D | DELETE | 3.1 TI | TLE | | D/V | | K.J Cha | ınge | Addition | |
| NAME | WHITE, LAWRENCE E | | 32 N/ | ME | | WHITE, LAWRENCE E. | | | | | |
| STREET ADDRESS | 625 WALTHAM AVENUE | | 33 ST | REET | ADDRESS | 625 WALTHAM AVENUE | | | | | |
| CITY+ST-ZIP | ORLANDO FL 32809 | | 3 4. C | TY-\$ | SY-ZIP | ORLANDO FL 32809 | | | | | |
| TITLE | D | DELETE | 4 1 T) | | | D/V | | Chi | inge | Addition | |
| NAME | SCHLURAFF, JAMES H | | 4 2 N | AME | | SCHLURAFF, JAMES H. | | | | | |
| STREET ADDRESS | 1832 WIND DRIFT ROAD | | 4.3 ST | HEET | address | 1802 LAKE GROVE LANE | | | | | |
| CITY - ST - ZIP | ORLANDO FL 32809 | | 4.4 Ci | | r-zip | ORLANDO FL 32806 | | | | | |
| TITLE | 0 | DELETE | 5.1 Tr | TLE | | D/V | | X Chi | រហដូច | Addition | |
| NAME | RAY, MICHAEL L | | 5.2 N/ | ME | | RAY, MICHAEL L. | | | | | |
| STREET ADDRESS | 6220 S ORANGE BLOSSOM | THAIL #160 | 5.3 ST | REET | ADDRESS | 2327 NELA AVENUE | | | | | |
| CITY-SI-7IP | ORLANDO FL 32809 | | 5.4 CI | TY·S | T-ZIP | ORLANDO FL 32809 | .,, | ······ | | · · · · · · · · · · · · · · · · · · · | |
| DILE | - · ····· | ☐ DELETE | 6.1 Ti | TLE | | | | Ch: | របថិទ | Addition | |
| NAME | | | 6.2 N/ | ME | | | | | | | |
| STREET ADDRESS | | | 6.3 \$1 | REET | ADDRESS | | | | | | |
| CITY-S1-ZIP | | | 6.4 CI | TY-S | T-ZIP | | | | | | |

14. I do 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

February 5, 1997

(407) 428-5133 Daytime Prione * 0001056