

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000041090 (6)**

1. Corporation Name

D. F. MAYNARD ASSOCIATES, INC.



Principal Place of Business

**401 EAST OSCEOLA STREET
SUITE 102
STUART FL 34985**

Mailing Address

**401 EAST OSCEOLA STREET
SUITE 102
STUART FL 34985**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1997

2. Principal Place of Business

21 1273 SW Biltmore St.

Suite, Apt. #, etc.

22 City & State

23 Port St. Lucie, FL

Zip

24 34983

Country

25 St. Lucie

2a. Mailing Address

26 1273 SW Biltmore St.

Suite, Apt. #, etc.

27 City & State

28 Port St. Lucie, FL

Zip

29 34983

Country

30 St Lucie

4. FEI Number

65-0764926

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

9. Name and Address of Current Registered Agent

**GOODE, JR., HOWARD E ESQ.
401 EAST OSCEOLA STREET
SUITE 102
STUART FL 34985**

10. Name and Address of New Registered Agent

81 Name James C. Price

**82 Street Address (P.O. Box Number is Not Acceptable)
1273 SW Biltmore Street**

83

84 City

Port St. Lucie

FL

**85 Zip Code
34983**

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 **James C. Price, Vice President**

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

04-29-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MAYNARD, DON F
STREET ADDRESS 8380 LANDINGS DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34986

TITLE D ☐ DELETE
NAME MAYNARD, KATHRYN
STREET ADDRESS 8380 LANDINGS DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34986

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 P/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S/T ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME James C. Price
3.3 STREET ADDRESS 3440 SW Catskill Dr.
3.4 CITY-ST-ZIP Port St. Lucie, FL 34983

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

21-29-98

CR2E034 (10/97)