

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90227 017 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000012398

1. Corporation Name

MAVERICK ACQUISITION CORPORATION

Principal Place of Business

2410 SUNSET DR.  
TAMPA FL 33629

Mailing Address

2410 SUNSET DR.  
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FEI Number

59-3507243

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 6910 CONATY ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 15266

Suite, Apt. #, etc.

22 City &amp; State

23 TAMPA, FL

27 City &amp; State

28 TAMPA, FL

24 Zip Country

33634

25 USA

29 Zip Country

33684-5266

30 USA

8. Name and Address of Current Registered Agent

BATEMAN, RICK J.  
2410 SUNSET DRIVE  
TAMPA FL 33629

81 Name RICK J. BATEMAN

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

6910 CONATY ROAD

84 City TAMPA

FL

85 Zip Code 33634

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, 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 reappointing)

DATE

5-26-99

12. OFFICERS AND DIRECTORS

1.1 TITLE P/D ☐ DELETE

1.2 NAME BATEMAN, RICK J.

1.3 STREET ADDRESS 2410 SUNSET DRIVE

1.4 CITY-ST-ZIP TAMPA, FL 33629

2.1 TITLE ☐ DELETE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 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

2.1 TITLE S/T ☐ Change ☒ Addition

2.2 NAME MANTER, GILBERT R.

2.3 STREET ADDRESS 13334 MORAN DRIVE

2.4 CITY-ST-ZIP TAMPA, FL 33618

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICK J. BATEMAN

Date

4-27-99

Daytime Phone #

813-880-0317

CR2E034 (1/98)