

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90146 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000033422

1. Corporation Name
MAYWOOD, INC.

Principal Place of Business
**709 LAKE ISIS AVE.
AVON PARK FL 33825**

Mailing Address
**709 LAKE ISIS AVE.
AVON PARK FL 33825**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

65-0851349

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MAY, PHILLIP B
709 LAKE ISIS AVE.
AVON PARK FL 33825**

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

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

Phillip B. May

(NOTE: Registered Agent signature required when reinstating)

JANUARY 4, 1999

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT

☐ Change

☒ Addition

1.2 NAME

PHILLIP B. MAY

1.3 STREET ADDRESS

709 LAKE ISIS AVE

1.4 CITY-ST-ZIP

AVON PARK, FL 33825

2.1 TITLE

VICE PRESIDENT

☐ Change

☒ Addition

2.2 NAME

ROBERT M. PHILLIPS

2.3 STREET ADDRESS

17011 TARPON WAY RD.

2.4 CITY-ST-ZIP

N. FORT MYERS, FL 33917

3.1 TITLE

SECRETARY/TREASURER

☐ Change

☒ Addition

3.2 NAME

WOODFORD W. MAY

3.3 STREET ADDRESS

1901 PASSAIC AVE

3.4 CITY-ST-ZIP

FORT MYERS, FL 33901

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Phillip B. May

PHILLIP B. MAY

1/4/99

Date

941-453-4029

Daytime Phone #

CR2E034 (11/98)