

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90005 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000064869 ✓

1. Corporation Name  
**MAVEN MANUFACTURING, INC.**



Principal Place of Business: 625 E LAUREL POINTE DRIVE, LAKELAND FL 33813  
 Mailing Address: 625 E LAUREL POINTE DRIVE, LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/23/1998**

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number <b>59-3534994</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	22	27	27	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	23	28	28	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	24	29	29	8.	This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PATACH, DONALD J</b> <b>625 E LAUREL POINTE DRIVE</b> <b>LAKELAND FL 33813</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PATACH, DONALD J <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATACH, DONALD J	1.2 NAME	
STREET ADDRESS	625 E LAUREL POINTE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	VD PATACH, DAVID J <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATACH, DAVID J	2.2 NAME	
STREET ADDRESS	718 INTERLAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP	
TITLE	STD PATACH, JEANETTE Y <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATACH, JEANETTE Y	3.2 NAME	
STREET ADDRESS	625 E LAUREL POINTE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ATTESTATION DONALD J. PATACH PRES 7-9-99 941-665-3300

CR2E034 (5/99)

588657-90005-41  
F98000064869

July 9, 1999

To Whom It May Concern:

On July 2, 1999 we received a second notice of the 1999 PROFIT CORPORATION ANNUAL REPORT packet informing us the filing fee is now \$550.00. We never received the first one. We called the 1-850-488-9000 number printed on the packet and was told by a person named MARIE that a number of companies did not receive their first notice and to fill out the report and mail it in with the normal \$150.00 fee along with this letter. She also stated she would put it into the computer that we did call about not getting our first report. We hope this will clear this up.

Respectfully,



Donald J. Patach

Maven Manufacturing Inc.  
625 E. Laurel Pointe Drive  
Lakeland, Fl. 33813