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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S79756 (0)

1. Corporation Name

MAXWELL SYSTEMS, INC.

Principal Place of Business

1830 BAYOU GRANDE BLVD. N.E.
ST. PETERSBURG FL 33703

Mailing Address

1830 BAYOU GRANDE BLVD. N.E.
ST. PETERSBURG FL 33703

3. Date Incorporated or Qualified

09/11/1991

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

21 1933 ARROWHEAD DRIVE NE

2a. Mailing Address

26 1933 ARROWHEAD DRIVE NE

4. FEI Number

59-3087845

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MAXWELL, LYNN E., JR.

1830 BAYOU GRANDE BLVD. N.E.
ST. PETERSBURG FL 33703

1933 ARROWHEAD DRIVE NE

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

Ly E. Maxwell Jr

President

3-28-96

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MAXWELL, LYNN E. J
STREET ADDRESS 1933 ARROWHEAD DR
CITY-ST-ZIP ST. PETE, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TREASURER AND VICE PRESIDENT
LYNN E MAXWELL JR
1933 ARROWHEAD DRIVE NE
ST PETE FL 33703

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Secretary
DEBORAH A MAXWELL
1933 ARROWHEAD DRIVE NE
ST. PETE, FL 33703

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
-05/17/96-05/18/96
***\$225.00 ***\$225.00

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
\$25/10

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Ly E Maxwell Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

DATE

(813) 526-9046

Daytime Phone #

CR2E034 (12/95)