

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S84170 (7)

1. Corporation Name

MAXIE-VUE, INC.

Principal Place of Business

5178 BROAD STREET
BROOKSVILLE FL 34601

Mailing Address

5178 BROAD STREET
BROOKSVILLE FL 34601



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/02/1991	05/01/1995
4. FEI Number	Applied For Not Applicable
59-3098381	
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	

9. Name and Address of Current Registered Agent

HOGAN, THOMAS S., JR.
20 SOUTH BROAD STREET
BROOKSVILLE FL 34601

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 607.0507 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

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when registered)

SIGNED IN ERROR

DATE

FL

4-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	THIESS, HAROLD R.	1.2 NAME	
STREET ADDRESS	5178 BROAD STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKSVILLE FL	1.4 CITY- ST- ZIP	
TITLE	VDS	2.1 TITLE	☐ Change ☐ Addition
NAME	GUCKIAN, JOANN E.	2.2 NAME	
STREET ADDRESS	5178 BROAD STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKSVILLE FL	2.4 CITY- ST- ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	GUCKIAN, JOANN E.	3.2 NAME	
STREET ADDRESS	5178 BROAD STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	BROOKSVILLE FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joann E. Guckian V.P.

4-1-96

352-754-3066

CR2E034 (12/95)