

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 # **S95046** (6)

1. Corporation Name
MAXON AUTOMOTIVE DISTRIBUTORS, INC.



Principal Place of Business

**2025 US 27 NORTH
SEBRING FL 33870**

Mailing Address

**6318 US 27 N
SEBRING FL 33870
US**

3. Date Incorporated or Qualified
11/18/1991

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number
59-3097234

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

9. Name and Address of Current Registered Agent

**MAXON, SCOTT
6318 US 27 N
SEBRING FL 33870**

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

Signature typed or printed name of registered agent and then typed name of corporation

(Print Name of Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

D ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MAXON, CLYDE
2700 GREENLAWN DRIVE
SEBRING FL**

D ☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MAXON, SCOTT
2700 GREENLAWN DRIVE
SEBRING FL**

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
1.1 TITLE
12 NAME
13 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition
2.1 TITLE
22 NAME
23 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition
3.1 TITLE
32 NAME
33 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition
4.1 TITLE
42 NAME
43 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition
5.1 TITLE
52 NAME
53 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition
6.1 TITLE
62 NAME
63 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition
7.1 TITLE
72 NAME
73 STREET ADDRESS
7.4 CITY - ST - ZIP

☐ Change ☐ Addition
8.1 TITLE
82 NAME
83 STREET ADDRESS
8.4 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

Scott Maxon

**941
4-17-96
382-7112**