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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information information indicated on this annual I am an officer or director of the composition appears in Block 12 or Block 13 if one



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S95046

(6)

MAXON AUTOMOTIVE DISTRIBUTORS, INC.

Principal Place of Business Mailing Address									- I (#361016 110 1810) 61114 63611 91011		FOR BIDII DIBII		
2025 US 27 NORTH SEBRING FL 33870				6318 US 27 N SEBRING FL 33870-1225 US									
									3. Date Incorporated or Qualifit 11/18/1991	- 1	Date of L 04/26/19		port
2. Principal I	Place of Busine	SS	2a. N	Mailing Address					4. FEI Number			Арр	lied For
21			26						59-3097234			<del></del>	Applicable
Suite, Apt. #, etc.			— —	Suite, Apt. #, etc.					5. Certificate of Status Desired	X	<b>+</b>		dditional
City & State			27	27   City & State					<u> </u>	_ ( '		e Req	
23			<u></u>	28					6. Election Campaign Financin Trust Fund Contribution	<sup>9</sup> $\square$		.UU N	May Be
Zip Country				Zip Country									
24 25		<u></u>	29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
		nd Address of Curr		red Agent			-		10. Name and Address of New				
MA)	KON, SCOTT					81	Nai	ne					
	8 US 27 N					82	Stre	et Addre	oss (P.O. Box Number is Not Acce	ntable)			
	RING FL 338	70					"	or Addit	SOS (1.0). DOX HOMEON IS HOLEAGOD	plable)			
						83	ļ						
						84	City				85	Zip Co	nde
		<del></del>			• • • • • • • • • • • • • • • • • • • •		'				┍┖╸╵	•	
11. Pursuant office or	to the provision	ns of Sections 607.05 nt. or both, in the Sta	502 and 607 Ie of Florida	'.1508, Florida Sta . Such change wa	itutes, the	above zed by	e-nan v the d	ed corporation	oration submits this statement for toon's board of directors. Thereby a	he purpo: ccept the	se of chang appointme	ing its nt as re	registered paistered
agent. I s	am familiar with	, and accept the obli	igations of, S	Section 607.0505.	Florida S	tatutes	S.	o pora.	on a board of an octors. Thereby a	ocopi ino	оррожино		giotorea
SIGNATURE													
SIGNATURE													
	Signature typed or	printed name of registered a	·			<u> </u>	ent sign	iture require	ad when reinstating)	DA		TORS	INI 12
12.		OFFICERS A	·	ORS	1:	3.	ent sign	iture require	od when reinstating) ADDITIONS/CHANGES TO O		AND DIREC		
12. TITLE	D	OFFICERS A	·		1.1	3. I TIILE	ont siçin	ture require					IN 12
12. TITLE NAME	D MAXON, CI	OFFICERS A	·	ORS	1.1 1.2	3. I TIILE 2 NAME					AND DIREC		
12. TITLE NAME STREET ADDRESS	D MAXON, CI 2700 GREE	officers a Lyde :Nlawn drive	·	ORS	1.1 1.2 1.3	3. I THLE 2 NAME 3 STREET	I ADDRE				AND DIREC		
12. TITLE NAME	D MAXON, CI	officers a Lyde :Nlawn drive	·	ORS	1: 1:1 1:3 1:3 1:4	3. I TIILE 2 NAME	I ADDRE				AND DIREC	inge	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXON, CI 2700 GREE SEBRING F	officers a Lyde Inlawn drive L	·	ORS DELETE	1; 1.1 1.3 1.3 1.4 2.1	3. 1 THLE 2 NAME 3 STREET 1 CITY - S	I ADDRE				AND DIREC	inge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS DELETE	1: 1.1 1.2 1.3 1.2 2.1 2.2	3. I THLE P NAME B STREET I CITY - S I THLE	I ADDRE	SS			AND DIREC	inge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE	13 1.1 1.3 1.3 1.4 2.1 2.2 2.3	3. I THEF NAME STREET CITY-S THEF	i addre	SS			AND DIREC	inge	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS DELETE	13 1.1 1.3 1.4 2.1 2.2 2.3 2.3	3. I THEE NAME STREET CITY-S I THE NAME NAME STREET	i addre	SS			AND DIREC	inge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE	11: 1.1 1.2 1.3 1.4 2.1 2.3 2.3 2.3	3. I THEE NAME STREET I GITY - S I THEE NAME STREET	i addre	SS			AND DIREC	inge	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	3. I THLE NAME STREET CITY-S THLE NAME NAME STREET CITY-S THLE A CITY-S	I ADDRE S1 ZIP I ADDRE S1-ZIP	SS			AND DIREC	inge	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	3. ITHEE NAME STREET CITY-S THEE NAME STREET CITY-S THEE NAME NAME NAME NAME NAME NAME NAME NA	I ADDRE S1 ZIP I ADDRE S1-ZIP I ADDRE	SS			AND DIREC	ange ange	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE	11 1.1 1.1 1.2 1.3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4	3. I THEF NAME STREET CITY-S THAT NAME STREET CITY-S THAT NAME NAME NAME NAME NAME NAME NAME NAME	I ADDRE S1 ZIP I ADDRE S1-ZIP I ADDRE	SS			AND DIREC	ange ange	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE	11 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	3. I THE NAME STREET CITY-S HULT NAME STREET CITY-S HULT NAME NAME NAME STREET CITY-S HULT NAME STREET	I ADDRE I ADDRE S1-ZIP I ADDRE I ADDRE S1-ZIP	SSS SSS			AND DIREC	ange ange	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE	11 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	3. ITHLE NAME NAME OF STREET	I ADDRE I ADDRE I ADDRE I ADDRE	SSS SSS			AND DIREC	ange ange	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE  DELETE	11 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	3. ITHLE NAME NAME NAME NAME NAME NAME NAME NAM	I ADDRE I ADDRE I ADDRE I ADDRE	SSS SSS			AND DIREC	inge ange	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE	11 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	3. 1 TILE 1 NAME 2 NAME 1 CITY - S 1 DILE 1 CITY - S 1 DILE 2 NAME 4 CITY - S 1 TILE 2 NAME 2 STREET 1 TILE 8 NAME 8 STREET 1 TILE	I ADDRE I ADDRE I ADDRE I ADDRE	SSS SSS			AND DIREC	inge ange	Addition  Addition  Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE  DELETE	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	3. ITILE IN NAME IN STREET IN COLVEN	I ADDRE I ADDRE I ADDRE S1- ZIP I ADDRE I ADDRE I ADDRE	SSS SSS SSS			AND DIREC	inge ange	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE  DELETE	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	3. ITILE IN NAME IN STREET IN CITY - S ITILE IN CITY - S ITILE IN NAME IN NAME IN CITY - S ITILE IN NAME IN CITY - S ITILE IN NAME IN CITY - S ITILE IN NAME IN	I ADDRE  I ADDRE  I ADDRE  I ADDRE  I ADDRE  S1-ZIP  I ADDRE	SSS SSS SSS			AND DIREC	inge ange	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE  DELETE	11 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	3. ITILE IN NAME IN STREET IN COLVEN	I ADDRE  I ADDRE  I ADDRE  I ADDRE  I ADDRE  S1-ZIP  I ADDRE	SSS SSS SSS			AND DIREC	ange enge	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D MAXON, CI 2700 GREE SEBRING F D MAXON, SO 2700 GREE	OFFICERS A LYDE :NLAWN DRIVE :L COTT :NLAWN DRIVE	·	ORS  DELETE  DELETE  DELETE	11. 1.1. 1.1. 1.1. 1.1. 1.1. 1.1. 1.1.	3. ITHLE PORT NAME OF COMMENT OF	I ADDRE  I ADDRE  I ADDRE  I ADDRE  I ADDRE  S1-ZIP  I ADDRE	SSS SSS SSS			AND DIREC	ange enge	Addition  Addition  Addition  Addition

6.4 CITY - ST - ZIP

Toplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the tor supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ion or the receiver or stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name