

0400115

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90102 032 \*\*\*158.75

DOCUMENT # V30039

1. Corporation Name

MAX COMMUNICATIONS, INC.

Principal Place of Business

12800 INDIAN ROCK ROAD  
SUITE 6  
LARGO FL 33774-2000  
US

Mailing Address

12800 INDIAN ROCK ROAD  
SUITE 6  
LARGO FL 33774-2000  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1992

4. FEI Number

59-3119752

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 owes the current year intangible

Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

21 4840 W. GANDY Blvd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 4840 W. GANDY Blvd.  
Suite, Apt. #, etc.

City &amp; State

23 TAMPA, FLORIDA

City &amp; State

28 TAMPA, FLORIDA

Zip

24 33611

Country

25 USA

Zip

29 33611

Country

30 USA

9. Name and Address of Current Registered Agent

PAINTON, YVONNE  
12800 INDIAN ROCK ROAD  
#6  
LARGO FL 33774-2000

10. Name and Address of New Registered Agent

81 Name

YVONNE PAINTON

82 Street Address (P.O. Box Number is Not Acceptable)

3401 W. FAIR OAKS AVENUE

83

84 City

TAMPA

FL

85 Zip Code

33611

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

YVONNE M. PAINTON, President

4-12-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PAINTON, YVONNE  
STREET ADDRESS 12800 INDIAN ROCK ROAD  
CITY-ST-ZIP LARGO FL 33774-2000

TITLE VP ☐ DELETE

NAME PAINTON, SCOTT  
STREET ADDRESS 12800 INDIAN ROCK ROAD  
CITY-ST-ZIP LARGO FL 33774-2000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition☒ Change ☐ Addition☒ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

YVONNE M. PAINTON

Date

4-12-99

Daytime Phone #

813-839-1302

CR2E034 (11/98)