

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V60192 (4)

1. Corporation Name

PHIL MADDUX, INC.

Principal Place of Business

606 S. CAMDEN AVE
STUART FL 34994
US

Mailing Address

606 S. CAMDEN AVE
STUART FL 34994
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

MADDUX, PHILLIP M.
259 S.W. MONTEREY ROAD
STUART FL 34994

3. Date Incorporated or Qualified

08/24/1992

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0354665

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

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 state, if applicable

(If title of Registered Agent is required, type it here)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MADDUX, PHIL
STREET ADDRESS 577 SW HIDDEN RIVER AVE
CITY - ST - ZIP PALM CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

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64 CITY - ST - ZIP

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SIGNATURE:

Philip M. Maddux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

(407) 283-0079

Date

Daytime Phone

CR2E034 (12/95)