PR CORPO ANNUA	OFIT DRATION L REPORT	FLOHIDA DEPAF Sandra E Secreta	TER MAY 1 IS \$225.00  FLOHIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS							
	996 FNT # <b>V6019</b> 2	2 (4)					-			
<ol> <li>Corporation N</li> </ol>		- ( )								
PHIL MA	DDUX, INC.									
Principal Place of	Business	Mailing Address			- 1 (68)) 011810 25192 00181 liain sair		11 81811 8121	11 21211 41511 1861		
606 S. CAMDE		606 S. CAMDEN AVE								
STUART FL 34994 US		STUART FL 34994 US			3. Date Incorporated or Qualified 08/24/1992	3a. Date of Last Report 04/28/1995				
	ID - was	2a. Mailing Address					4. FEI Number			Applied For
<ol> <li>Principal Place</li> </ol>	6 Ot Briginess	26			65-0354665		00.7	Not Applicable		
Suite, Apt. #,	etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired			5 Additional Required		
2		City & State			6. Election Campaign Financing			00 May Be		
City & State		28					Trust Fund Contribution			ied to Fees
Zip	Country	Zιρ	1	Country			8. This corporation has liability for Florida Statutes	intangible t s 🏻 No	ax under	s 199.032,
4	25	29	30	·			10. Name and Address of New		Agent	
	9. Name and Address of Curren	t Registered Agent		81	N	lame				
	m, 114 1 105 6 J			-			ress (P.O. Box Number is Not Accepta	ble)		
MADDUX	, Phillip M. . Monterey Road		82 Street Add			ress (r.o. Box rumber to restrict				
_	FL 34994									
SIUMI	FE 34354			84	+-	Dity			85	Zip Code
					<u>.</u>		to the contract of the contrac	<b>[</b> ]	anging it	s registered off
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 id agent, or both, in the State of Flori i, and accept the obligations of, Sect	≥and 607.1508, Florida Statu da: Such change was authori lion 607.0505, Florida Statute	tes, the zed by ' s.	above i the corp	nan nora	ned corpo tion's boa	ration submits this statement for the pard of directors. Thereby accept the ap	pointment a	is register	red agent. I ani
SIGNATURE	signature, typed or probabilitative of registers fluiders		rin big		-15-30	p . g1 .g - 575 p .g -	ADDITIONS/CHANGES TO O	DATE	ID DIREC	TORS IN 12
12.		D DIRECTORS		13.			ADDITIONS/CHANGES TO O	, IOLAIO AI	Chang	ge 🔲 Addition
TITLE	P	☐ DELETE								
NAME				1.2 NAME 1.3 STREET ADDRESS		22390				
STREET ADDRESS	577 SW HIDDEN RIVER AVE									
CITY - ST - ZIP	PALM CITY FL			2 1 TILE		=			☐ Chan	ge 🔲 Additio
TITLE				22 NAME						
NAME			1	2.3 STREE		OBESS				
STREET ADDRESS				2.4 Cily						
CITY - ST - ZIP	t .	FI DUCTE		2 1 7(7) (					☐ Chan	ge 🔲 Additio

5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 Cilin-ST ZIP ☐ Change ☐ Addition CITY - ST - ZIF DELETE 6 1 TIFLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY ST-ZIP

3 1 T:TUF

3.2 NAME

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3.3 STREET ADDRESS

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4.4 Cill Y - S\* - 7.P

3.4 C(TY - \$1 - Z(F)

14. It 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 certify 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:

SIGNATURE:

SIGNATURE TO TYPETOR RENTED NAME OF SCHING OFFICER OR DIRECTOR

21

22

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

DELETE

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DELETE

Change

Change

Addition

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