

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V66224** (9)  
1. Corporation Name  
**MALONEY ENTERPRISES, INC.**



Principal Place of Business  
**208 N STATE ST  
BUNNELL FL 32110**

Mailing Address  
**P.O. BOX 295  
BUNNELL FL 32110  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1291 C.R. 65</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>P.O. Box 459</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/21/1992</b>	
22 City & State <b>Bunnell, FL</b>		27 City & State <b>Bunnell FL</b>		4. FEI Number <b>59-3151006</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 Zip <b>32110</b>		28 Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32110</b>		25 <b>FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26 <b>32110</b>		27 <b>FL</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MALONEY, BARBARA W. 208 N STATE ST BUNNELL FL 32110</b>		10. Name and Address of New Registered Agent 81 Name <b>Barbara W. Maloney</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1291 C.R. 65</b> 83 <b>P.O. Box 459</b> 84 City <b>Bunnell</b> FL 85 Zip Code <b>32110</b>	
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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 **Barbara W. Maloney, Sec./Treas. Barbara W. Maloney** 1-12-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALONEY, MELVYN W.</b> <b>208 N STATE ST</b> <b>BUNNELL FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President</b> <b>Melvyn W. Maloney</b> <b>1291 C.R. 65</b> <b>BUNNELL, FL 32110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALONEY, BARBARA W.</b> <b>208 N STATE ST</b> <b>BUNNELL FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Sec./Treas.</b> <b>Barbara W. Maloney</b> <b>1291 C.R. 65</b> <b>BUNNELL, FL 32110</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000002413400</b> <b>-01/27/98--01080--009</b> <b>***150.00</b>

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.

SIGNATURE **Barbara W. Maloney** **Barbara W. Maloney** (904) **432-0597**

CR2E034 (10/97)