

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

FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F74628 (1)

1. Corporation Name
MADIC, INC.



Principal Place of Business
**13334 GRAND ISLAND SHORES RD.
PO BOX 350757
GRAND ISLAND FL 32735
US**

Mailing Address
**SAME
PO BOX 350100
GRAND ISLAND FL 32735
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1982

4. FEI Number

59-2345543

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 350757**
Suite, Apt. #, etc.

22 City & State

27 **Grand Island, FL**
City & State

23 Zip

Country

28 **32735**
Zip

30 **US**
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VEST, LAURIE WHALEN
13334 GRAND ISLAND SHORES RD
GRAND ISLAND FL 32735**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VTD** DELETE
NAME **LIEBL, MAUREEN**
STREET ADDRESS **PO BOX 350757**
CITY-ST-ZIP **GRAND ISLAND FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PSD** DELETE
NAME **VEST, LAURIE WHALEN**
STREET ADDRESS **PO BOX 350757**
CITY-ST-ZIP **GRAND ISLAND FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **LIEBL, MAUREEN WHALEN**
STREET ADDRESS **P.O. BOX 100 N/A**
CITY-ST-ZIP **GRAND ISLAND FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 *Laurie Whalen Vest* Laurie Whalen Vest 4/28/98 352-357-4411

CR2E034 (10/97)