FORM 1 F	FINAL STA FINANCIAI		$F \sim 12006$
(TO BE FILED W	ITHIN 60 DAYS OF LEA	VING PUBLIC OFFIC	E OK EM/LO MENT)
LAST NAME — FIRST NAME — MIDI MAJDIAK VE MAILING ADDRESS: LITT SEPTEMBER OF SIPE	DIE NAME: DHN VOSEPH FLESTONE CT S 33903 LEE COUNTY:	LOCAL OFFIC	ABATEMENT LOWING (see "Who Must File" on page 3): ER STATE OFFICER TATE EMPLOYEE ON HELD: 14
MANNER OF CALCULATING RETHE LEGISLATURE ALLOWS FILERS FEWER CALCULATIONS, OR USING further details). PLEASE STATE BELL	IBED ABOVE, WHICH DATE WAS EPORTABLE INTERESTS: STHE OPTION OF USING REPORTING G COMPARATIVE THRESHOLDS, WH	G THRESHOLDS THAT ARE ABSHICH ARE USUALLY BASED OF	DOG AND THE LAST DATE I HELD THE PUBLIC, 2006. (Date must be prior to 12/31/06) SOLUTE DOLLAR VALUES, WHICH REQUIRES N PERCENTAGE VALUES (see instructions for LAR VALUE THRESHOLDS
PART A PRIMARY SOURCES NAME OF SOURCE OF INCOME SPECIAL ES	SOU	me to the reporting person] RCE'S RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY CAR U) ASH
PART B SECONDARY SOURCE NAME OF BUSINESS ENTITY	CES OF INCOME [Major customers, NAME OF MAJOR SOURCES OF BUSINESS' INCOME	clients, and other sources of inc ADDRESS OF SOURCE	ome to businesses owned by reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE
PART C REAL PROPERTY [La	and, buildings owned by the reporting	person]	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. OTHER FORMS you may need to file are described on page 6.

ar aggree N. Gr.							
PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE PROPERTY RELATES							
D/H	157						
AND SEE							
*							
PART E — LIABILITIES [Major debts] NAME OF CREDITOR		ADDRESS	OF CREDITOR				
10/17							
l							
PART F — INTERESTS IN SPECIFIED BUSI	NESSES [Ownership or p	ositions in certain types of	businesses]				
	S ENTITY # 1	BUSINESS ENTITY # 2	2 BUSINESS ENTITY #	3			
NAME OF BUSINESS ENTITY	1.0	. ,					
ADDRESS OF BUSINESS ENTITY) / //-	1 / 6	-				
PRINCIPAL BUSINESS / ACTIVITY		-10/7/	/				
POSITION HELD WITH ENTITY	/			· · · · · · · · · · · · · · · · · · ·			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS							
NATURE OF MY OWNERSHIP INTEREST							
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE							
SIGNATURE: John Maydias DATE SIGNED: 5/30/06							
FILING INSTRUCTIONS:							
WHAT TO FILE: After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only the first sheet for filing (you	Elections of the county nently reside. (If you do	IERE TO FILE: Local officers: file with the Supervisor of tions of the county in which you permatly reside. (If you do not permanently reside lorida, file with the Supervisor of the county					
need not return any of the instruction pages). Facsimiles will not be accepted.	where your agency has it		of your term of office or employme will be required to file Form 1 for	nt. You			
WHEN TO FILE: At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure	State officers or specified state employ- ees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Sutie 201, Tallahassee, FL 32312.						
form (Form 1F) within 60 days of leaving office or employment, unless you take another position within the 60-day period that requires you to file financial disclosure on Form 1 or Form	falls under, see the "Who on page 3.	category your position o Must File" Instructions					
	NOTE.						

on page 3. NOTE:

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