

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

587/910

**DOCUMENT # F93000005757 (0)**

1. Corporation Name  
**MACK FARMS, INC.**



Principal Place of Business: **233 EAST PARK AVENUE LAKE WALES FL 33853**  
Mailing Address: **P. O. BOX 1077 LAKE WALES FL 33859**

3. Date Incorporated or Qualified: **12/20/1993**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **63-0683045**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**MACK, ARNOLD H  
7100 PLANTATION ROAD, SUITE 4  
PENSACOLA FL 32504**

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 607.05, Florida Statutes.

SIGNATURE: *Arnold H. Mack*  
Signature, typed or printed name of registered agent and title (Block 9)

(NOTE: Registered Agent signature required when transferring) (DATE)

12. OFFICERS AND DIRECTORS

|                 |                                      |                                 |
|-----------------|--------------------------------------|---------------------------------|
| TITLE           | <b>P</b>                             | <input type="checkbox"/> DELETE |
| NAME            | <b>MACK, ARNOLD H</b>                |                                 |
| STREET ADDRESS  | <b>7100 PLANTATION ROAD, SUITE 4</b> |                                 |
| CITY - ST - ZIP | <b>PENSACOLA FL 32504</b>            |                                 |
| TITLE           | <b>S</b>                             | <input type="checkbox"/> DELETE |
| NAME            | <b>DICKERSON, DOUG</b>               |                                 |
| STREET ADDRESS  | <b>828 BAYCLIFF RD.</b>              |                                 |
| CITY - ST - ZIP | <b>GULF BREEZE FL</b>                |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |
| TITLE           |                                      | <input type="checkbox"/> DELETE |
| NAME            |                                      |                                 |
| STREET ADDRESS  |                                      |                                 |
| CITY - ST - ZIP |                                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I 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 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: *Arnold H. Mack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone:

CR2E034 (12/95)