

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

**APPROVED
AND
FILED**

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
3000 W. WASHINGTON BOULEVARD
TALLAHASSEE, FLORIDA 32301-1000

9 MAY - 1 PM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K99882** (8)

MAC BUD'S[®] INC. OK. CTY.

Previous Registered Agent		Mailing Address	
%GARRETT E. MCBRYDE 4 SPRINGHILL ROAD SHALIMAR FL 32579		%GARRETT E. MCBRYDE 4 SPRINGHILL ROAD SHALIMAR FL 32579	

2	2a	3	3a
21	26	07/05/1989	05/01/1994
22	27	4	4a
23	28	59-2956538	Appoint Fee Not Applicable
24	29	5	5a
25	30	Corporate Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		6	6a
		Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		7	7a
		This corporation has ability for interstate tax under S. 199 (32) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCBRYDE, GARRETT E. 4 SPRINGHILL ROAD SHALIMAR FL 32579				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	FL	85	Zip Code

11. I, the undersigned, being duly qualified to do so under the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the office designated in this statement of change as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of said corporation with effect from the date of filing of this statement of change as authorized by the Florida Statutes.

SIGNATURE: *Garrett E. MCBryde* DATE: 29 APR 95

12. ADDITIONAL REGISTERED AGENTS	13. ADDITIONAL CHANGES TO OFFICER, DIRECTOR, AND REGISTERED AGENT
12.1 NAME: DPT MCBRYDE, GARRETT E. 4 SPRINGHILL ROAD SHALIMAR FL	13.1 NAME: [] Change [] Add
12.2 NAME:	13.2 NAME:
12.3 NAME:	13.3 NAME:
12.4 NAME:	13.4 NAME:
12.5 NAME:	13.5 NAME:
12.6 NAME:	13.6 NAME:
12.7 NAME:	13.7 NAME:
12.8 NAME:	13.8 NAME:
12.9 NAME:	13.9 NAME:
12.10 NAME:	13.10 NAME:
12.11 NAME:	13.11 NAME:
12.12 NAME:	13.12 NAME:
12.13 NAME:	13.13 NAME:
12.14 NAME:	13.14 NAME:
12.15 NAME:	13.15 NAME:

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(1), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my separate statement has been submitted to the appropriate authorities in accordance with the provisions of the corporation or the corporation's board of directors as required by law. I file this report as required by Chapter 199, Florida Statutes, and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: *Garrett E. MCBryde* DATE: 29 APR 95 904-651-1631