

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATION

**APPROVED  
AND  
FILED**

SEP 19 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000025650 (1)**

1. Corporation Name  
**MAC BROTHERS, INC.**

Principal Place of Business: **11 SOUTHEAST 7TH STREET  
FORT MEADE FL 33841**  
Mailing Address: **P.O. BOX 67  
FT. MEADE FL 33841  
US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	3a. Date of Last Report
04/02/1993	06/21/1994
4. FEI Number	Applied For
65-0421423	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**MCCUTCHEN, LORENZO  
11 SOUTHEAST 7TH STREET  
FORT MEADE FL 33841**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4

FL 85 Zip Code

11. Pursuant to the provisions of Sections 190.01(2) and 190.01(3) of the Florida Statutes, the above 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 190.05(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCUTCHEN, JIMMY
STREET ADDRESS	P.O. BOX 549 N/A
CITY, STATE, ZIP	FORT MEADE FL
TITLE	D
NAME	MCCUTCHEN, LORENZO
STREET ADDRESS	11 SOUTHEAST 7TH STREET
CITY, STATE, ZIP	FORT MEADE FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

P

mccutchen, Lorenzo

11 South East 7th Street

Fort Meade, FL 33841

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and fully for the information stated in law here 199.01(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is correct 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 file this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with a address.

SIGNATURE: *Lorenzo McCutchen*  
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

(815)-285-7734