

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 9: 12

DOCUMENT # **S78501** (1)

1. Corporation Name
MAC OF JACKSONVILLE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1752 DEBUTANTE DR
JACKSONVILLE FL 32246
US**

Mailing Address
**1752 DEBUTANTE DR.
JACKSONVILLE FL 32246
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	3540 US Hwy 17	26	3540 US Hwy 17	09/04/1991	05/01/1994
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number	Applied For
22 SUITE 118		27 SUITE 118		59-3090425	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 GREEN COVE SPRINGS, FL		28 GREEN COVE SPRINGS, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 32043	25 CLAY	29 32043	30 CLAY	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
MCVEIGH, MICHAEL E. 1752 DEBUTANTE DR. JACKSONVILLE FL 32216				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	SAME
				82 Street Address (P.O. Box Number is Not Acceptable)	3540 US HWY 17, SUITE 118
83		84 City	GREEN COVE SPRINGS	FL	85 Zip Code
					32043

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PIT/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVEIGH, MICHAEL E.	12 NAME	MCV. MSVEIGH, MICHAEL E.
STREET ADDRESS	1752 DEBUTANTE DR.	13 STREET ADDRESS	3540 US HWY 17, SUITE 118
CITY - ST - ZIP	JACKSONVILLE FL.	14 CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	VD	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVEIGH, JAMES E.	2.2 NAME	MSVEIGH, JAMES E.
STREET ADDRESS	1752 DEBUTANTE DR.	2.3 STREET ADDRESS	3540 US HWY 17, SUITE 118
CITY - ST - ZIP	JACKSONVILLE FL.	2.4 CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043
TITLE	SD	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVEIGH, BETTE A.	3.2 NAME	MSVEIGH, BETTE A.
STREET ADDRESS	1752 DEBUTANTE DR.	3.3 STREET ADDRESS	3540 US HWY 17, SUITE 118
CITY - ST - ZIP	JACKSONVILLE FL.	3.4 CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE		4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MCVEIGH, ROSILYN L.
STREET ADDRESS		4.3 STREET ADDRESS	544 LORA ST
CITY - ST - ZIP		4.4 CITY - ST - ZIP	NEPTUNE BEACH, FL 32266
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: Bette A McVeigh - BETTE A McVEIGH 4/28/95 904 7253741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)