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**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # S78501 (1)**  
1. Corporation Name  
**MAC OF JACKSONVILLE, INC.**



Principal Place of Business: **3540 US HWY 17 SUITE 118 GREEN COVE SPRINGS FL 32043 US**  
Mailing Address: **1752 DEBUTANTE DR SUITE 118 JACKSONVILLE FL 32246 US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **09/04/1991**  
4. FEI Number: **59-3090425** Applied For:  Not Applicable:   
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: **MCVEIGH, MICHAEL E. 1752 DEBUTANTE DR. JACKSONVILLE FL 32216**

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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCVEIGH, MICHAEL E.	
STREET ADDRESS	3540 US HWY 17, SUITE 118	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCVEIGH, JAMES E.	
STREET ADDRESS	3540 US HWY 17, SUITE 118	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCVEIGH, BETTE A.	
STREET ADDRESS	3540 US HWY 17, SUITE 118	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCVEIGH, ROSILYN L.	
STREET ADDRESS	544 LORA STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5138 OTTER CREEK DR
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6427 JACK WRIGHT ISLAND RD
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6427 JACK WRIGHT ISLAND RD
3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROSILYN M. ROBERTSON
4.3 STREET ADDRESS	1058 LITTLE CYPRESS KEY
4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B. Mortham* DATE: *05/01/98*

CR2E034 (10/97)