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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90119 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S78501

1. Corporation Name
MAC OF JACKSONVILLE, INC.

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



DO NOT WRITE IN THIS SPACE

| | | |
|--|---------------------------------------|--|
| 3. Date incorporated or Qualified 09/04/1991 | 4. FEI Number 59-3090425 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCVEIGH, MICHAEL E. | 1.2 NAME | |
| STREET ADDRESS | 5138 OTTER CREEK DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL 32082 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCVEIGH, JAMES E. | 2.2 NAME | |
| STREET ADDRESS | 6427 JACK WRIGHT ISLAND RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32092 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCVEIGH, BETTE A. | 3.2 NAME | |
| STREET ADDRESS | 6427 JACK WRIGHT ISLAND RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32092 | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTSON, ROSILYN M | 4.2 NAME | ROBERTSON, ROSILYN M |
| STREET ADDRESS | 1058 LITTLE CYPRESS KEY | 4.3 STREET ADDRESS | 13538 VALBUENA CT. |
| CITY-ST-ZIP | ATLANTIC BCH FL 32233 | 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32224 |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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, with all other like empowered.

SIGNATURE: *BETTE A. MCVEIGH* *Bette A. McVeigh* 4/29/99 9047253761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)