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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 440818 1. Corporation Name

MACO OF FLORIDA, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90104 043 ***150.00

Principal Place of Business Mailing Address 3502 RIGA BLVD. 3502 RIGA BLVD. **TAMPA FL 33619 TAMPA FL 33619** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/27/1973 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1508427 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent REXFORD (F. WILLIAM) 82 Street Address (P.O. Box Number is Not Acceptable) 17812 GREY BROOKE TAMPA FL 33647 83 84 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME REXFORD, J.S. NAME 17812 GREY BROOKE 1.3 STREET ADORESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE REXFORD, (F. WILLIAM) 22 NAME NAME 17812 GREY BROOKE 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 3.1 TITLE TITLE REXFORD, PAUL F. 3.2 NAME NAME 1008 AMELIA E 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 41 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 supplied will this limit does not quality for the exemption stated in Section 1.35 (S/II), Finited statutes. I faithful certify that the indicated on this annual report or suppliermental annual short 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 with all other like empowered. Block 12 or Block 13 if change

64 CITY-ST-7IP

SIGNATURE: