

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 619010
1. Corporation Name
THE MACK COMPANY OF FLORIDA

(2)

Principal Place of Business

501 EAST KENNEDY BLVD.
C/O J. BOB HUMPHRIES, ESQ PO BOX 1438
TAMPA FL 33602-5200

Mailing Address

501 EAST KENNEDY BLVD.
C/O J. BOB HUMPHRIES, ESQ PO BOX 1438
TAMPA FL 33602-5200

FILED

58 MAY 21 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1979

4. FEI Number

59-1900365

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

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 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSACK, JAMES J
100 N. TAMPA STREET
SUITE 3100
TAMPA FL 33602

81 Name

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

83 200002536872-7
-05/27/98--01085--002

84 City ****150.00 ****150.00

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME MACK, WILLIAM L
STREET ADDRESS 370 W PASSAIC ST
CITY-ST-ZIP ROCHELLE PK NJ

TITLE DVST ☐ DELETE

NAME MACK, EARLE I
STREET ADDRESS 370 W PASSAIC ST.
CITY-ST-ZIP ROCHELLE PK NJ

TITLE D ☐ DELETE

NAME MACK, DAVID
STREET ADDRESS 370 W PASSAIC ST
CITY-ST-ZIP ROCHELLE PK NJ

TITLE D ☐ DELETE

NAME MACK, FREDERIC
STREET ADDRESS 370 W PASSAIC ST
CITY-ST-ZIP ROCHELLE PK NJ

TITLE AS ☐ DELETE

NAME CUSACK, JAMES J ASST
STREET ADDRESS 501 EAST KENNEDY BLVD.
CITY-ST-ZIP TAMPA FL 33602-5200

TITLE ☐ DELETE

NAME

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 or assignee of the corporation; and that I am not excluded from filing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the address block if it will be an address.

SIGNATURE James J. Cusack, Assistant Secretary

(813) 222-1173

CR2E034 (10/97)