Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 285906

MCGEHEE, THOMAS R.

3300 PHILLIPS HWY JACKSONVILLE FL 32207

1. Corporation Name

MAC DADEDO INO

[28]
28
City & State
Suite, Apt. #, etc.
26
2a. Mailing Address
US
POST OFFICE BOX 5369 JACKSONVILLE FL 32247-5369
Mailing Address

May 03, 1999 8:00 am Secretary of State

05-03-1999 90030 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 10/09/1964 4. FEI Number

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

59-1059698

			"		*			1	
			84	City	. FL	85	Zip Co	ode	
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) DATE									
12. OFFICERS AND DIRECTORS 13.				The Agent agreed to delice that the same and					
TITLE T	CD	☐ DELETE	1.1 TITLE			☐ Ch	ange	Addition	
NAME	MCGEHEE. F S		1.2 NAME				-		
STREET ADDRESS	3300 PHILLIPS HWY		1.3 STREET	ADDRESS				\	
CITY-ST-ZIP	JACKSONVILLE, FL 0		1,4 CITY-S	· •				İ	
TITLE	TAS	☐ DELETE	2.1 TITLE				ange	☐ Addition	
NAME	ROGERS, JONATHAN Y.		2.2 NAME					ŀ	
STREET ADDRESS	3300 PHILLIPS HWY		2.3 STREET	ADDRESS				ĺ	
CITY-ST-ZIP	JACKSONVILLE, FL 0		2.4 CITY-S	T-ZIP					
TITLE	PD	☐ DELETE	3.1 TITLE			Ch	ange	☐ Addition	
NAME	MCGEHEE, SUTTON	•	3.2 NAME						
STREET ADDRESS	3300 PHILLIPS HWY		3.3 STREET	ADDRESS				ľ	
CITY-ST-ZIP	JACKSONVILLE, FL 0		3.4. CITY-S	T-ZIP					
TITLE	CD	☐ DELETE	4.1 TITLE			C	ange	☐ Addition	
NAME	MCGEHEE, T R		4. 2 NAME	1					
STREET ADDRESS	3300 PHILLIPS HWY		4.3 STREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 0		4.4 CITY-S	r-zip_					
TITLE	VSD	☐ DELETE	5.1 TITLE			□ Cr	ange	Addition	
NAME	MC GEHEE, T.R., JR.		5.2 NAME		•				
STREET ADDRESS	3300 PHILLIPS HWY		5.3 STREET	ADDRESS				}	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-S	r-ZIP					
TITLE	VD	☐ DELETE	6.1 TITLE			Cr	ange	Addition	
NAME	MC GEHEE, D.S.		6.2 NAME						
STREET ADDRESS	3300 PHILLIPS HWY		6.3 STREET	İ				1	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CfTY-S			76 11			
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									

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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.