FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 23 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 379232 (2)

1. Corporation Name
MAC-VAIL, INC.

Principal Place of Business	Mailing Address
230 SOUTH COMMERCE AVENUE P. O. BOX 591 SEBRING FL 33870	230 SOUTH COMMERCE AVENUE P. O. BOX 591 SEBRING FL 33870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1971
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 230 South Commerce Avenue	26 P.O. Box 591
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sebring, Florida	28 City & State: Sebring, Florida
24 Zip: 33870 25 Country: USA	29 Zip: 33871-0591 30 Country: USA

4. FEI Number: 59-1318863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MACBETH, J. ROSS 2543 U.S. 27 SOUTH SEBRING FL 33870	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 33870

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	☒ Change ☒ Addition
NAME	MACBETH, JANA VAIL	1.2 NAME	
STREET ADDRESS	491 DURAND DRIVE	1.3 STREET ADDRESS	491 N E Durand Drive
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30307
TITLE	TD	2.1 TITLE	☐ Change ☒ Addition
NAME	MACBETH, ROBERT MARK	2.2 NAME	
STREET ADDRESS	1702 ANDALUSIA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	2.4 CITY-ST-ZIP	33872
TITLE	PD	3.1 TITLE	☐ Change ☒ Addition
NAME	MACBETH, JOSEPH ROSS	3.2 NAME	
STREET ADDRESS	956 NW LAKEVIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	3.4 CITY-ST-ZIP	33870
TITLE	SD	4.1 TITLE	☐ Change ☒ Addition
NAME	MACBETH, HOWARD SCOTT	4.2 NAME	
STREET ADDRESS	5406 N. HUCKLEBERRY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33872	4.4 CITY-ST-ZIP	33872
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 1/14/95 (813) 385-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Joseph Ross MacBeth

0314007 CP