## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

380121

(4)

RED-MACK, INC.

						886 HAN BIBU 6580 BIBU 84800 BIBU 81814 BIBU	
Principal Place o	of Business	Mailing Address		Lighting (tight light) grafts (tight light) and the state and the state of the stat			
369 INDIAN St. Augus	369 Indian Bend St. Augustine Fl	69 Indian Bend T. Augustine FL 32095					
					<ol> <li>Date Incorporated or Qualified 04/08/1971</li> </ol>	3a. Date of Last Report 03/20/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
1		26		59-1412387	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	55.00 May Be		
3		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zφ	Cou	intry	8. This corporation has liability for i	9	
24	25	29	30		Florida Statutes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				B1 Name			
MC ELROY, JOAN E.				82 Street Add	t Address (P.O. Box Number is Not Acceptable)		
	DIAN BEND RD.				· · · · · · · · · · · · · · · · · · ·		
	GUSTINE FL 32095			83			
5				84 City		FL 85 Zip Code	
or registere	the provisions of Sections 607.05 d agent, or both, in the State of Fig. and accept the obligations of, Sc	orida. Such change was author z	red by the a	ove-named corpor corporation's boa	ration submits this statement for the pured of directors. Thereby accept the appe	pose of changing its registered office bintment as registered agent. I am	
SIGNATURE _	Agnative typed on printed name of registered ag	part gestittle Puppe, arec (42)	DIE Begindered	1 Aport Signature respire	id when rangit ting!	DATE	
		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DE: ETE	1:1	TILE		☐ Change ☐ Addition	
NAME	MCELROY.JOAN E.		12 N	AME			
STREET ADDRESS	369 INDIAN BEND RD.		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	ST AUGUSTINE FL		140	aty-Si-ZiP			
TITLE	D	DELETE	2 1 1			Change Addition	
NAME	MC ELROY, JOAN E	_	2 2 N	AME			
STREET ADDRESS	369 INDIAN BEND RD.		235	TREE1 ADDRESS			
CITY - S1 - ZIP	ST AUGUSTINE FL			HY-ST-ZIP			
TITLE	JI AUGUSTINE I E	DELETE	3 1			. Change Addition	
NAME			321	IAME		•	
STREET ADDRESS				STREET ADDRESS			
1 9:4001 MDD4699			J. J.	THEET NOOTEGO			

64 CITY - ST - ZIP CITY-ST-ZIP 14. Ido 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)(k). 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 13 if changed or on an attachment with an address.

3.4 CITY - ST - ZIP

4.3 STREET ADDRESS 4.4 City - \$1 - 712

4 1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME 5.3 STREET ADDRESS

 $6 \stackrel{!}{\cdot} TITLE$ 

6.2 NAME

54 CITY - ST - ZiP

6.3 STREET ADDRESS

SIGNATURE ...

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

FIGURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MELROY CYC496 829-5459

DELETE

DELETE

DELETE

☐ Change

Change

☐ Change

Addition

Addition

Addition

CR2E034 (12/95)