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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 460839

(4)

1. Corporation Name  
MAC MCKENDRICK, INC.



Principal Place of Business  
8100 W. OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33016  
US

Mailing Address  
8100 W. OKEECHOBEE ROAD  
HIALEAH GARDENS FL 33016-2113  
US

3. Date Incorporated or Qualified 10/01/1974  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 2616 Southern Oaks Place  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2616 Southern Oaks Place  
Suite, Apt. #, etc.

4. FEI Number 59-1551400  
Applied For  
Not Applicable

22 City & State  
23 Plant City, FL.  
Zip Country  
24 33567 25 US

27 City & State  
28 Plant City, FL.  
Zip Country  
29 33567 30 US

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCKENDRICK, E. G.  
8100 W. OKEECHOBEE RD.  
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2616 Southern Oaks Place  
83  
84 City Plant City FL 85 Zip Code 33567

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 *E. G. Mckendrick*

4/16/97

Signature type: (or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKENDRICK, E. G.	
STREET ADDRESS	8100 W. OKEECHOBEE RD.	
CITY - ST - ZIP	HIALEAH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUSSE, SHERI L.	
STREET ADDRESS	4107 ELIOT PLACE	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ZELLER, TERI L.	
STREET ADDRESS	3208 ARBOR LANE	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCKENDRICK, SHARON E.	
STREET ADDRESS	8100 OKEECHOBEE RD	
CITY - ST - ZIP	HIALEAH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *E. G. Mckendrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97  
Date

813  
754-5944  
Daytime Phone #

0123199

CR2E034 (9/96)