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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED Mar 10 1998 8:00am Secretary of State

MACK	IFF STATIONS	CORP., INC.									
Principal Place	of Business		Mailing Add	Iress				1 100101 01111 01010 11010 10110 10110	KI DIDIL BIBIL B	181) 8) B) B) 8)	II 818II IB9I
23902 COUNTY ROAD 561			23902 COUNTY ROAD 561								
PO BOX 157			PO BOX 157								
ASTATULA FL 34705			ASTATULA FL 34705				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 08/15/1977			
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ar	oplied For
21			26				59-1784647		No	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22			27							Fee Re	equired
City & State			City & State					6. Election Campaign Financing	_		May Be
23			28					Trust Fund Contribution	L		to Fees
Zip	Country		Zip			У		8. This corporation owes or has po	_		
24	25	Idress of Current F	29		30			Personal Property Tax due June 10. Name and Address of New Re			_l No
VAIC		Idress Of Cuffert F	registered Age	7111	8	Name		10, Name and Address of New Ad	distated w	gent.	-
	OTTS, GREGORY	NO. E			"	IVALLIE	3				
1202 DEER LAKE CIRCLE					82 Street Addre			ss (P.O. Box Number is Not Acceptal	ble)		
P. O. BOX 157							,				
APOPKA FL 32740			63			'					-
					8-	1 '			FL	11	Code
11. Pursuant to office or reacht. Lar	o the provisions of segistered agent, or length from the familiar with and	Sections 607.0502 a both, in the State of accept the obligatio	ind 607.1508, F Florida, Such o ons of, Section (Florida Statute change was a 607.0505. Flo	es, the about outhorized to orida Statute	ve-named by the cores.	d corpor rporation	ration submits this statement for the n's board of directors. I hereby acce	purpose of o pt the appo	changing it intment as	ts registered registered
SIGNATURE		accept the congene									
	Signature, typed or printed	name of registured agent a	nd title if applicable	(NOTE	Registered A	gent signatur	re required	when reinstating)	DATE		
12.		OFFICERS AND D	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	PD	·		DELETE	1.1 TITLE					Change	Addition
NAME	MACK, RICHAF	ID			1.2 NAME						
STREET ADDRESS	201 COLUMBIA	1			1.3 STREE	T ADDRESS					
CITY-ST-ZIP	VALLEY CITY (H			1.4 CITY-	ST-ZIP					
TITLE	v			DELETE	2.1 TITLE					Change	Addition
NAME	SWINGLE, BILL				2.2 NAME		1				
STREET ADDRESS	23902 CO. RD.	561			2.3 STREE	T ADDRESS	1				
CITY-ST-ZIP	ASTATULA FL				2. 4 CITY						
TITLE	VST			DELETE	3.1 TITLE	31 211	 		τ	Change	Addition
NAME	MACK, BARBAI	RA H.	_	_	3.2 NAME				_		
STREET ADDRESS	201 COLUMBIA					T ADDRESS					
CITY-ST-ZIP	VALLEY CITY O				3.4. CITY						1
TOTLE				DELETE	4.1 TITLE	31-EIF	1			Change	Addition
NAME			•		4. 2 NAM	:	i				
STREET ADDRESS						T ADDRESS					
i											
CITY-ST-ZIP TITLE				DELETE	4.4 CiTY- 5.1 TITLE	51-ZIF	+	· · · · · · · · · · · · · · · · · · ·		Change	Addition
			_		5.2 NAME				<u> </u>	::Ro	
NAME OTDEET ADDRESS						T ADDOCES					
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY - 6.1 TITLE	51-ZIP	 		· · · · ·	Change	Addition
TITLE			_	1 DETENT					L		☐ \u00111011
NAME					6.2 NAME		1				
STREET ADDRESS					- III		1				ı
CITY-ST-ZIP					6.3 SYREE	t address					

nereby certify that the information supplied with this filling 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 outrustee empowers in 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 attachaten with an address.