

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 545351 (9)

1. Corporation Name

MACEWAN ENTERPRISES, INC., A FOOD MARKETING COMP
ANY

Principal Place of Business

600 W FIRST ST
STUART FL 34994

Mailing Address

600 W FIRST ST
STUART FL 34994

FILED
95 JAN 27 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/15/1977	3a. Date of Last Report 02/17/1994
4. FEI Number 59-1762851	Applied For Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 900 SE Ocean Blvd.	26 900 SE Ocean Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 215B	27 215B
City & State	City & State
23 Stuart, FL	28 Stuart, FL
Zip	Zip
24 34994	29 34994
Country	Country
25 Martin	30 Martin

9. Name and Address of Current Registered Agent

HALVERSON, ROGER W
600 W. FIRST ST.
STUART 34994

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
900 SE Ocean Blvd.	
83 Suite 215B	
84 City	FL

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 maintaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MACEWAN, LOUIS	1.2 NAME	
STREET ADDRESS	5034 CROOKED STICK WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV	1.4 CITY - ST - ZIP	
TITLE	TS	2.1 TITLE	☐ Change ☐ Addition
NAME	MACEWAN, CAROLYN D.	2.2 NAME	
STREET ADDRESS	5034 CROOKED STICK WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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 110.07(3)(b), 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:

Louis D. MacEwan

LOUIS D. MACEWAN

1-17-95

407.283.3535

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

(Title)

(Signature)