

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **556850** (6)

1. Corporation Name
MACC, INCORPORATED



Principal Place of Business: **1013 SEASIDE DR SARASOTA FL 34242**
Mailing Address: **1013 SEASIDE DR SARASOTA FL 34242**

3. Date Incorporated or Qualified: **12/30/1977**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-1802454**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**BERLICK, FLORENCE
1013 SEASIDE DR
SARASOTA FL 34242**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

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: *France Berllick* (Signature and typed name of registered agent or registered office)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLARK, O.M. JR	
STREET ADDRESS	501 THIRD ST	
CITY-STATE-ZIP	PIKEVILLE KE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMILTON, A.A.	
STREET ADDRESS	708 SCOTT AVE	
CITY-STATE-ZIP	PIKEVILLE KY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RATLIFF, G.L.	
STREET ADDRESS	702 SCOTT AVE	
CITY-STATE-ZIP	PIKEVILLE KY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CLARK, O. MAYO III	
STREET ADDRESS	SECOND & CAROLINE	
CITY-STATE-ZIP	PIKEVILLE KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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 file this report, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *O. Mayo Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. ORVILLE M. CLARK JR.
501 THIRD STREET
PIKEVILLE, KY
41501-1246

Date: **3/3/96**
Daytime Phone: **606 437 7407**

CR2E034 (12/95)