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Jan 28 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 # 581905 (7)

1. Corporation Name
MACO DEVELOPMENTS, INC.

Principal Place of Business
5360 NE 25TH AVE.
OCALA FL 34479

Mailing Address
5360 NE 25TH AVE.
OCALA FL 34479-1832



3. Date Incorporated or Qualified
08/10/1978

3a. Date of Last Report
04/03/1996

2. Principal Place of Business
21 140 SE 2ND AVE

2a. Mailing Address
26 140 SE 2ND AVE

4. FEI Number
58-1983900

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State
23 CRYSTAL RIVER FL

27 City & State
28 CRYSTAL RIVER FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country
34429 CTRUS

29 Zip Country
34429 CTRUS

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAFFORD, JEANNETTE D.
5360 NE 25TH AVE.
OCALA FL 34479

140 SE 2ND AVE
CRYSTAL RIVER FL
34429

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 Jeannette Stafford, Pres. (JEANNETTE STAFFORD)

1/22/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS STAFFORD, JEANNETTE D. 140 SE 2ND AVE
CITY - ST - ZIP 5360 NE 25TH AVE. CRYSTAL RIVER
OCALA 34479 FL 34429

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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TITLE ☐ DELETE
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4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE
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CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

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5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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NAME
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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: Jeannette Stafford, Pres. (JEANNETTE STAFFORD)

1/22/97
Date

Daytime Phone #

0441821

CR2E034 (9/96)