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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION* ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 619010 (2)
1. Corporation Name THE MACK COMPANY OF FLORIDA

Principal Place of Business 501 EAST KENNEDY BLVD. C/O J. BOB HUMPHRIES, ESQ PO BOX 1438 TAMPA FL 33602-5200	Mailing Address 501 EAST KENNEDY BLVD. C/O J. BOB HUMPHRIES, ESQ PO BOX 1438 TAMPA FL 33602-5200
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 City 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 City 29 Country	3. Date Incorporated or Qualified 04/25/1979	3a. Date of Last Report 06/27/1994	4. FEI Number 59-1900365	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	9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent CUSACK, JAMES J. 501 E. KENNEDY BLVD. SUITE 1700 3100 TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____
DATE _____
Registered Agent signature required when reappointing _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY ST ZIP DP MACK, WILLIAM L. 370 W PASSAIC ST ROCHELLE PK NJ	1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP DVST MACK, EARLE I. 370 W PASSAIC ST. ROCHELLE PK NJ	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP D MACK, DAVID 370 W PASSAIC ST ROCHELLE PK NJ	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP D MACK, FREDERIC 370 W PASSAIC ST ROCHELLE PK NJ	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY ST ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP AS CUSACK, JAMES J. (ASST) 501 E. KENNEDY BLVD. TAMPA FL	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY ST ZIP 100 N. Tampa Street, Ste 3100 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY ST ZIP ☐ Change ☐ Addition

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 appointed 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: James J. Cusack, Assistant Secretary 7/20/95 (813) 221-3100
Signature and typed or printed name of signing officer or director _____
Date _____
Signature of Officer _____