

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY -1 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 619010

(2)

1. Corporation Name

THE MACK COMPANY OF FLORIDA

Principal Place of Business

501 EAST KENNEDY BLVD.
C/O J. BOB HUMPHRIES, ESO PO BOX 1438
TAMPA FL 33602-5200

Mailing Address

501 EAST KENNEDY BLVD.
C/O J. BOB HUMPHRIES, ESO PO BOX 1438
TAMPA FL 33602-5200

3. Date Incorporated or Qualified

04/25/1979

3a. Date of Last Report

07/27/1995

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUSACK, JAMES J.
100 N. TAMPA STREET
SUITE 3100
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME MACK, WILLIAM L.
STREET ADDRESS 370 W PASSAIC ST
CITY- ST- ZIP ROCHELLE PK NJ

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 900001803209
1.3 STREET ADDRESS -05/01/96--01062--016
1.4 CITY- ST- ZIP *****200.00 *****200.00

TITLE DVST ☐ DELETE
NAME MACK, EARLE I.
STREET ADDRESS 370 W PASSAIC ST.
CITY- ST- ZIP ROCHELLE PK NJ

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME MACK, DAVID
STREET ADDRESS 370 W PASSAIC ST
CITY- ST- ZIP ROCHELLE PK NJ

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME MACK, FREDERIC
STREET ADDRESS 370 W PASSAIC ST
CITY- ST- ZIP ROCHELLE PK NJ

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE AS ☐ DELETE
NAME CUSACK, JAMES J. (ASST)
STREET ADDRESS 100 N. TAMPA STREET, STE. 3100
CITY- ST- ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, by an attachment with an address).

SIGNATURE: James J. Cusack, Asst. Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

(813) 221-3100

Daytime Phone #

CR2E034 (12/95)