FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 MAY 21 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 619010 (2)

1. Corporation Name
THE MACK COMPANY OF FLORIDA

Principal Place of Business	Mailing Address
501 EAST KENNEDY BLVD. C/O J. BOB HUMPRIES. ESQ PO BOX 1438 TAMPA FL 33602-5200	501 EAST KENNEDY BLVD. C/O J. BOB HUMPRIES. ESQ PO BOX 1438 TAMPA FL 33602-5200

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1979

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CUSACK, JAMES J
100 N. TAMPA STREET
SUITE 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 200002508272--7
-05/27/98--01085--002
****150.00

84 City FL ****150.00

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MACK, WILLIAM L		1.2 NAME	
STREET ADDRESS	370 W PASSAIC ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHELLE PK NJ		1.4 CITY-ST-ZIP	
TITLE	DVST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MACK, EARLE I		2.2 NAME	
STREET ADDRESS	370 W PASSAIC ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHELLE PK NJ		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MACK, DAVID		3.2 NAME	
STREET ADDRESS	370 W PASSAIC ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHELLE PK NJ		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MACK, FREDERIC		4.2 NAME	
STREET ADDRESS	370 W PASSAIC ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHELLE PK NJ		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CUSACK, JAMES J ASST		5.2 NAME	
STREET ADDRESS	501 EAST KENNEDY BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602-5200		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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: James J. Cusack Assistant Secretary (813) 222-1173
5/20/98