

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90115 022 \*\*\*158.75

DOCUMENT # 619010

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1979

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 the current year Intangible  
Personal Property Tax.

☐

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)  
501 East Kennedy Boulevard

83 Suite 1200

84 City  
Tampa

FL

85 Zip Code  
33602

11. Pursuant to the provisions of Sections 607.0501 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.

(NO "E" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
AS  
CUSACK, JAMES J ASST  
501 EAST KENNEDY BLVD.  
TAMPA FL 33602-5200

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

(813) 222-1173

Date

Daytime Phone #

CR2E034 (11/98)