

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

DOCUMENT # 672561

1. Corporation Name
THE MALLORY CORPORATION

Principal Place of Business
204 NORTH ELM AVENUE
PO BOX 118
SANFORD FL 32771

Mailing Address
204 NORTH ELM AVENUE
PO BOX 118
SANFORD FL 32771

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90124 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1980

4. FEI Number

59-2003512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1396 CHESSINGTON CIR

Suite, Apt. #, etc.

22

City & State

23 LAKE MARY, FL

24 Zip 32746-1919 25 Country SEMINOLE

2a. Mailing Address

26 1396 CHESSINGTON CIR

Suite, Apt. #, etc.

27

City & State

28 LAKE MARY, FL

29 Zip 32746-1919 30 Country SEMINOLE

9. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
LEFKOWITZ & BLOOM, P.A.
430 N. MILLS AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME FEINBERG, IRVING
STREET ADDRESS 204 NO. ELM AVENUE
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME RICHARD A FEINBERG
1.3 STREET ADDRESS 607 WHIPPOWILL LN
1.4 CITY-ST-ZIP PO BOX 620631
OVIDO, FL 32762-0631

2.1 TITLE STD ☐ Change ☒ Addition
2.2 NAME MALORY F PRESLEY
2.3 STREET ADDRESS 1396 CHESSINGTON CIR
2.4 CITY-ST-ZIP LAKE MARY, FL 32746-1919

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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

Date

Daytime Phone #

CR2E034 (11/98)