

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 685460 (8)

1. Corporation Name

MACKAY, SMITH & ASSOCIATES, INC.

Principal Place of Business

1915 E. COLONIAL DRIVE #21
ORLANDO FL 32853-6206

Mailing Address

P.O. BOX 536206
ORLANDO FL 32853-6206



3. Date Incorporated or Qualified

08/26/1980

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2e. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2018002

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

9. Name and Address of Current Registered Agent

MARKHAM, JOSEPH D.
5617 ARUNDEL DRIVE
ORLANDO, FLORIDA FL 32808

10. Name and Address of New Registered Agent

81 Name JAMES F. HAMPTON
82 Street Address (P.O. Box Number is Not Acceptable)
963 HELMSLEY WAY #203
83
84 City LAKE MARY FL 85 Zip Code 32746

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

James F. Hampton

JAMES F. HAMPTON

8/6/96

(Signature typed or printed name of registered agent and the Approver)

(Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	HAMPTON, JAMES F	963 HELMSLEY WAY 203	LAKE MARY FL	<input type="checkbox"/>
STD	MARKHAM, JOSEPH D	5617 ARUNDEL DR	ORLANDO FL	<input checked="" type="checkbox"/>
VD	SCHUBERT, GARY M.	4113 DEERBROOK WAY	LILBURN GA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James F. Hampton

JAMES F. HAMPTON

8/6/96

407-
595-0400

(Signature and typed or printed name of signing officer or director)

Date

Exempt Phone #

CR2E034 (3/96)