

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F71283**  
1. Corporation Name  
**Z MAC CORPORATION**

**(8)**



Principal Place of Business  
**% GEORGE ZWOSTA  
3440 OLD TAMPA HWY  
LAKELAND FL 33811**

Mailing Address  
**% GEORGE ZWOSTA  
3440 OLD TAMPA HWY  
LAKELAND FL 33811**

3. Date Incorporated or Qualified: **03/17/1982**      3a. Date of Last Report: **04/11/1995**

4. FET Number: **59-2179965**      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

21. State, Apt. #, etc.

22. City & State

23. Zip      25. Country

24.      26.      29.      30. Country

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

9. Name and Address of Current Registered Agent

**ZWOSTA, GEORGE  
3440 OLD TAMPA HWY  
LAKELAND FL 33801**

11. Pursuant to the provisions of Sections 607.0902 and 607.1409, 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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0902, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **P**      NAME: **ZWOSTA, GEORGE**  
STREET ADDRESS: **3440 OLD TAMPA HWY**  
CITY, ST, ZIP: **LAKELAND, FL 00000**

DELETE

TITLE: **D**      NAME: **ZWOSTA, ROXIE**  
STREET ADDRESS: **3440 OLD TAMPA HWY**  
CITY, ST, ZIP: **LAKELAND, FL 00000**

DELETE

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

DELETE

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

DELETE

TITLE: \_\_\_\_\_ NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change     Add both

1. TITLE: \_\_\_\_\_       Change     Addition

2. NAME: \_\_\_\_\_

3. STREET ADDRESS: \_\_\_\_\_

4. CITY, ST, ZIP: \_\_\_\_\_

5. TITLE: \_\_\_\_\_       Change     Addition

6. NAME: \_\_\_\_\_

7. STREET ADDRESS: \_\_\_\_\_

8. CITY, ST, ZIP: \_\_\_\_\_

9. TITLE: \_\_\_\_\_       Change     Addition

10. NAME: \_\_\_\_\_

11. STREET ADDRESS: \_\_\_\_\_

12. CITY, ST, ZIP: \_\_\_\_\_

13. TITLE: \_\_\_\_\_       Change     Addition

14. NAME: \_\_\_\_\_

15. STREET ADDRESS: \_\_\_\_\_

16. CITY, ST, ZIP: \_\_\_\_\_

14. I do hereby certify that the information supplied on this form 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 included 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 trustee or officer or partner or partner in a partnership, and that my name appears in Block 12 or Block 13 if applicable, or on any attachment with an address.

SIGNATURE: *George P. Zwosta*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GEORGE P. ZWOSTA PRES**

4-9-96 941-668-1964  
Date of Print #

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