

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 PM 2:37

DOCUMENT # **F93000005757 (0)**

1. Corporation Name  
**MACK FARMS, INC.**

Principal Place of Business Mailing Address  
POST OFFICE BOX 11399 POST OFFICE BOX 11399  
PENSACOLA FL 32524-1399 PENSACOLA FL 32524-1399

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/20/1993** 3a. Date of Last Report **03/24/1994**

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

4. FEI Number **63-0683045** 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. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MACK, ARNOLD H  
7100 PLANTATION ROAD, SUITE 4  
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reappointing

DATE

| 12. OFFICERS AND DIRECTORS |                                      |
|----------------------------|--------------------------------------|
| TITLE                      | <b>P</b>                             |
| NAME                       | <b>MACK, ARNOLD H</b>                |
| STREET ADDRESS             | <b>7100 PLANTATION ROAD, SUITE 4</b> |
| CITY-ST-ZIP                | <b>PENSACOLA FL 32504</b>            |
| TITLE                      | <b>S</b>                             |
| NAME                       | <b>DICKERSON, DOUG</b>               |
| STREET ADDRESS             | <b>828 BAYCLIFF RD.</b>              |
| CITY-ST-ZIP                | <b>GULF BREEZE FL</b>                |
| TITLE                      |                                      |
| NAME                       |                                      |
| STREET ADDRESS             |                                      |
| CITY-ST-ZIP                |                                      |
| TITLE                      |                                      |
| NAME                       |                                      |
| STREET ADDRESS             |                                      |
| CITY-ST-ZIP                |                                      |
| TITLE                      |                                      |
| NAME                       |                                      |
| STREET ADDRESS             |                                      |
| CITY-ST-ZIP                |                                      |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

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(2)(b), 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 appointed 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: *Doug Dickerson Sec. Treas*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**Doug Dickerson**

**Sec. Treas**

2/6/95 9:04/416-8877