

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 045 ***150.00

DOCUMENT # *F 9500000 4404*

1. Entity Name

HENRY MACLIN ASSOCIATES INC.

DO NOT WRITE IN THIS SPACE

642205

2. Principal Place of Business

662 Highway 98 E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#750

City & State

DESTIN FL.

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

32541

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HENRY W. MACLIN JR

Street Address (P.O. Box Number is Not Acceptable)

662 HIGHWAY 98 E

#750

City

DESTIN

FL

Zip Code

32541

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Henry W Maclin Jr

(NOTE: Registered Agent signature required when reinstating)

4/12/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>PSD</i>	TITLE	
NAME	<i>HENRY W. MACLIN JR</i>	NAME	
STREET ADDRESS	<i>662 Highway 98 E</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>DESTIN, FL 32541</i>	CITY-ST-ZIP	
TITLE	<i>VP</i>	TITLE	
NAME	<i>HENRY W. MACLIN III</i>	NAME	
STREET ADDRESS	<i>147 INDIAN BAYOU DR</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>DESTIN, FL. 32541</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry W Maclin Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSD

4/12/02

Date

850-654-9304

Daytime Phone #

CR2E034B (12/01)