

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000001642 (5)**
1. Corporation Name
TOLEMAC, INC.



Principal Place of Business 11764 MARCO BEACH DR. UNIT 4 JACKSONVILLE FL 32224	Mailing Address P.O. BOX 58028 JACKSONVILLE FL 32241
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/02/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 58-1245561	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ELKINS, MARILYN
1517 SEASONS POINT CT.
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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.

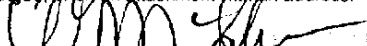
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MCGEHEE, CLIFFORD G III	1.2 NAME	
STREET ADDRESS	11764-4 MARCO BEACH DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ELKINS, MARILYN M	2.2 NAME	
STREET ADDRESS	1517 SEASONS POINT CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	BENNETT, SONYA	3.2 NAME	
STREET ADDRESS	11764-4 MARCO BEACH DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MCGEHEE, CLARA	4.2 NAME	
STREET ADDRESS	11764-4 MARCO BEACH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MCGEHEE, DOROTHY B	5.2 NAME	
STREET ADDRESS	6740 EPPING WAY-FOREST WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ELKINS, WARNER	6.2 NAME	
STREET ADDRESS	1617 SEASONS POINT CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	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.

SIGNATURE:



CL McGehee III

1/12/98

994-998-9939

CR2E034 (10/97)