

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90089 021 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001642

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

3. Date Incorporated or Qualified

04/02/1996

4. FEI Number

58-1245561

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
Suite 9

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELKINS, MARILYN
1517 SEASONS POINT CT.
APOPKA FL 32712

81 Name

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

83

84 City

FL

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 ☐ DELETE

NAME **PD**
MCGEEHEE, CLIFFORD G III
STREET ADDRESS **11764-4 MARCO BEACH DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **11764 Marco Beach Dr Suite 9**
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VD**
ELKINS, MARILYN M
STREET ADDRESS **1517 SEASONS POINT CT.**
CITY-ST-ZIP **APOPKA FL 32712**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S**
BENNETT, SONYA
STREET ADDRESS **11764-4 MARCO BEACH DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **11764 Marco Beach Dr Suite 9**
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
MCGEEHEE, CLARA
STREET ADDRESS **11764-4 MARCO BEACH DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **11764 Marco Beach Dr suite 9**
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D**
MCGEEHEE, DOROTHY B
STREET ADDRESS **6740 EPPING WAY-FOREST WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
ELKINS, WARNER
STREET ADDRESS **1617 SEASONS POINT CT.**
CITY-ST-ZIP **APOPKA FL 32712**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **1517 Seasons Point Ct.**
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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. G. McGeehee pres.

Date

Daytime Phone #

1/10/99 904-998-9339

CR2E034 (11/98)