

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:01

DOCUMENT # **G25484** (8)

1. Corporation Name  
**MAC-BUILT CORPORATION**

Principal Place of Business Mailing Address  
**7820 N ARMENIA AVE TAMPA FL 33604**

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>02/24/1983</b>  | 3a. Date of Last Report<br><b>03/10/1994</b> |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2269655</b>  | Applied For<br>Not Applicable                |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 23                             | Zip                 | 28                  | Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May be Added to Fees           |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent                     |  |  |  | 10. Name and Address of New Registered Agent |  |
| <b>GRIFFIN, LINDA<br/>7820 N. ARMENIA AVENUE<br/>TAMPA FL 33604</b> |  |  |  | 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 agent 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 that of corporation)

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| TITLE                      | <b>DV</b>                    | 1.1 TITLE   | <b>D/V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GRIFFIN, ROBERT B</b>     | 1.2 NAME  | <b>Griffin, Robert B.</b>   |
| STREET ADDRESS             | <b>11235 WHEELING DR</b>     | 1.3 STREET ADDRESS                                    | <b>19601 Crescent Road</b>  |
| CITY, ST, ZIP              | <b>TAMPA FL</b>              | 1.4 CITY, ST, ZIP                                     | <b>Odessa, FL 33556</b>   |
| TITLE                      | <b>PD</b>                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>KELLER, MARK F.</b>       | 2.2 NAME  |   |
| STREET ADDRESS             | <b>10309 LAKE GROVE DR.,</b> | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | <b>ODESSA FL</b>             | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      | <b>ST</b>                    | 3.1 TITLE   | <b>S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GRIFFIN, LINDA P.</b>     | 3.2 NAME  | <b>Griffin, Linda P.</b>  |
| STREET ADDRESS             | <b>11235 WHEELING DR.,</b>   | 3.3 STREET ADDRESS                                    | <b>19601 Crescent Road</b>  |
| CITY, ST, ZIP              | <b>TAMPA FL</b>              | 3.4 CITY, ST, ZIP                                     | <b>Odessa, FL 33556</b>   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                              | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                              | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                              | 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 19(1)(7), 495, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 143, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an affidavit.

SIGNATURE: *Mark F Keller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-20-95 813-935-0983