

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

**APPROVED
AND
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96 FEB -8 PM 11:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # G75955 (6)
1. Corporation Name
JOHN W. MACKAY, P. A.

Principal Place of Business: **201 SOUTH WESTLAND AVENUE TAMPA FL 33606**
Mailing Address: **201 SOUTH WESTLAND AVENUE TAMPA FL 33606**

3. Date Incorporated or Qualified: **12/23/1983**
3a. Date of Last Report: **01/17/1995**
4. FEI Number: **59-2465391**
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. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACKAY, JOHN W.
201 SOUTH WESTLAND AVENUE
TAMPA FL 33606**

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]* **JOHN W. MACKAY, PRASIONOW** **26 JAN 96**

12. OFFICERS AND DIRECTORS

TITLE: **PD** DELETE
NAME: **MACKAY, JOHN W**
STREET ADDRESS: **201 S WESTLAND**
CITY, ST, ZIP: **TAMPA FL**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11. TITLE:
12. NAME:
13. STREET ADDRESS: **200001710882**
14. CITY, ST, ZIP: **-02/08/96--01110--001**
*****200.00** *****200.00**

Change Addition

11. TITLE:
12. NAME:
13. STREET ADDRESS: **-02/08/96 01110 001**
*****0.0**

Change Addition

11. TITLE: Change Addition
12. NAME:
13. STREET ADDRESS:
14. CITY, ST, ZIP:

11. TITLE: Change Addition
12. NAME:
13. STREET ADDRESS:
14. 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(3)(k), 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: *[Signature]* **16 Jan 96** **813-254-8835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing **2/19/96**

CR2E034 (12/95)