FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H17377** **(3)**

1. Corporation Name

J. B. MACK'S, INC.

Principal Place of Business

~~11450 HARBOR WAY~~
~~5002~~
LARGO FL 34644
US

Mailing Address

~~11450 HARBOR WAY~~
~~5002~~
LARGO FL 34644
US

2. Principal Place of Business
21 13967 MEARES DR.
Suite, Apt. #, etc.
22
City & State
23 LARGO FL.
Zip
24 34644
County
25 PINELLAS

2a. Mailing Address
26 13967 MEARES DR.
Suite, Apt. #, etc.
27
City & State
28 LARGO FL.
Zip
29 34644
County
30 PINELLAS

3. Date Incorporated or Qualified
08/20/1984

3a. Date of Last Report
06/09/1995

4. FEI Number
59-2451393
☐ 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

9. Name and Address of Current Registered Agent

MACHLEIT, ERNEST
~~11450 HARBOR WAY~~
~~SUITE 5002~~
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name MACHLEIT ERNEST
82 Street Address (P.O. Box Number is Not Acceptable) 13967 MEARES DR.
83
84 City LARGO FL 85 Zip Code 34644

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PV	☐ DELETE
NAME	MACHLEIT, ERNEST	
STREET ADDRESS	~~11440 HARBOR WAY #5016~~	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	☐ DELETE
NAME	MACHLEIT, SHERYL	
STREET ADDRESS	~~11440 HARBOR WAY #5016~~	
CITY-ST-ZIP	LARGO 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

11 TITLE		☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS	13967 MEARES DR.	
14 CITY-ST-ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS	13967 MEARES DR	
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Ernest Machleit 3/25/96 1-813-5966545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #