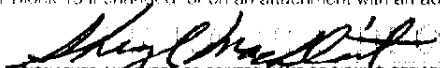


Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 19 1997 8:00am Secretary of State	
DOCUMENT # H17377 (3) 1. Corporation Name J. B. MACK'S, INC.							
Principal Place of Business 13967 MEARES DR LARGO FL 34644 US		Mailing Address 13967 MEARES DR LARGO FL 33774-4519 US		3. Date Incorporated or Qualified 08/20/1984		3a. Date of Last Report 04/01/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 59-2451393		Applied For Not Applicable	
9. Name and Address of Current Registered Agent MACHLEIT, ERNEST 13967 MEARES DR LARGO FL 34644		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		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							
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 _____ (NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS 1.1 TITLE PV 1.2 NAME MACHLEIT, ERNEST 1.3 STREET ADDRESS 13967 MEARES DR 1.4 CITY-ST-ZIP LARGO FL 1.5 TITLE ST 1.6 NAME MACHLEIT, SHERYL 1.7 STREET ADDRESS 13967 MEARES DR 1.8 CITY-ST-ZIP LARGO FL 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP 1.21 TITLE 1.22 NAME 1.23 STREET ADDRESS 1.24 CITY-ST-ZIP 1.25 TITLE 1.26 NAME 1.27 STREET ADDRESS 1.28 CITY-ST-ZIP 1.29 TITLE 1.30 NAME 1.31 STREET ADDRESS 1.32 CITY-ST-ZIP 1.33 TITLE 1.34 NAME 1.35 STREET ADDRESS 1.36 CITY-ST-ZIP 1.37 TITLE 1.38 NAME 1.39 STREET ADDRESS 1.40 CITY-ST-ZIP 1.41 TITLE 1.42 NAME 1.43 STREET ADDRESS 1.44 CITY-ST-ZIP 1.45 TITLE 1.46 NAME 1.47 STREET ADDRESS 1.48 CITY-ST-ZIP 1.49 TITLE 1.50 NAME 1.51 STREET ADDRESS 1.52 CITY-ST-ZIP 1.53 TITLE 1.54 NAME 1.55 STREET ADDRESS 1.56 CITY-ST-ZIP 1.57 TITLE 1.58 NAME 1.59 STREET ADDRESS 1.60 CITY-ST-ZIP 1.61 TITLE 1.62 NAME 1.63 STREET ADDRESS 1.64 CITY-ST-ZIP 1.65 TITLE 1.66 NAME 1.67 STREET ADDRESS 1.68 CITY-ST-ZIP 1.69 TITLE 1.70 NAME 1.71 STREET ADDRESS 1.72 CITY-ST-ZIP 1.73 TITLE 1.74 NAME 1.75 STREET ADDRESS 1.76 CITY-ST-ZIP 1.77 TITLE 1.78 NAME 1.79 STREET ADDRESS 1.80 CITY-ST-ZIP 1.81 TITLE 1.82 NAME 1.83 STREET ADDRESS 1.84 CITY-ST-ZIP 1.85 TITLE 1.86 NAME 1.87 STREET ADDRESS 1.88 CITY-ST-ZIP 1.89 TITLE 1.90 NAME 1.91 STREET ADDRESS 1.92 CITY-ST-ZIP 1.93 TITLE 1.94 NAME 1.95 STREET ADDRESS 1.96 CITY-ST-ZIP 1.97 TITLE 1.98 NAME 1.99 STREET ADDRESS 2.00 CITY-ST-ZIP				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP 2.21 TITLE 2.22 NAME 2.23 STREET ADDRESS 2.24 CITY-ST-ZIP 2.25 TITLE 2.26 NAME 2.27 STREET ADDRESS 2.28 CITY-ST-ZIP 2.29 TITLE 2.30 NAME 2.31 STREET ADDRESS 2.32 CITY-ST-ZIP 2.33 TITLE 2.34 NAME 2.35 STREET ADDRESS 2.36 CITY-ST-ZIP 2.37 TITLE 2.38 NAME 2.39 STREET ADDRESS 2.40 CITY-ST-ZIP 2.41 TITLE 2.42 NAME 2.43 STREET ADDRESS 2.44 CITY-ST-ZIP 2.45 TITLE 2.46 NAME 2.47 STREET ADDRESS 2.48 CITY-ST-ZIP 2.49 TITLE 2.50 NAME 2.51 STREET ADDRESS 2.52 CITY-ST-ZIP 2.53 TITLE 2.54 NAME 2.55 STREET ADDRESS 2.56 CITY-ST-ZIP 2.57 TITLE 2.58 NAME 2.59 STREET ADDRESS 2.60 CITY-ST-ZIP 2.61 TITLE 2.62 NAME 2.63 STREET ADDRESS 2.64 CITY-ST-ZIP 2.65 TITLE 2.66 NAME 2.67 STREET ADDRESS 2.68 CITY-ST-ZIP 2.69 TITLE 2.70 NAME 2.71 STREET ADDRESS 2.72 CITY-ST-ZIP 2.73 TITLE 2.74 NAME 2.75 STREET ADDRESS 2.76 CITY-ST-ZIP 2.77 TITLE 2.78 NAME 2.79 STREET ADDRESS 2.80 CITY-ST-ZIP 2.81 TITLE 2.82 NAME 2.83 STREET ADDRESS 2.84 CITY-ST-ZIP 2.85 TITLE 2.86 NAME 2.87 STREET ADDRESS 2.88 CITY-ST-ZIP 2.89 TITLE 2.90 NAME 2.91 STREET ADDRESS 2.92 CITY-ST-ZIP 2.93 TITLE 2.94 NAME 2.95 STREET ADDRESS 2.96 CITY-ST-ZIP 2.97 TITLE 2.98 NAME 2.99 STREET ADDRESS 3.00 CITY-ST-ZIP			
14. I do 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				1-20-97 Date Daytime Phone #			