DOCUMENT # H41404

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90432 039 ***150.00

DO NOT WRITE IN THIS SPACE

1. Entity Name
MACKIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3688 SW 13TH TERR. OKEECHOBEE FL 34974 US	3688 SW 13TH TERR OKEECHOBEE FL 34974-6027 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2501667 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACKIN, WALTER 3688 SW 13TH TERRACE OKEECHOBEE FL 34974	Name: MACKIN, EMMA FAYE Street Address (P.O. Box Number is Not Acceptable): 3688 SW 13TH TERRACE City: OKEECHOBEE FL Zip Code 34974

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Walter Mackin PD
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
~~After MAY 1, 2000 Fee will be $550.00~~
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACKIN, WALTER 3688 SW 13TH TERRACE OKEECHOBEE FL 34974 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACKIN, EMMA FAYE 3688 SW 13TH TERRACE OKEECHOBEE, FL 34974 ☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACKIN, EMMA FAYE 3688 SW 13TH TERRACE OKEECHOBEE FL 34974 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~WALT~~ MACKIN, WALTER 3688 SW 13TH TERRACE OKEECHOBEE, FL. 34974 ☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Walter Mackin WALTER MACKIN 4-27-00 863-763-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.03