## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

**FILED** AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 18 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # K54540 (5) MAC & TOSH, INC. Mailing Address Principal Place of Business WALLACE FORD ---- 8470 LISTOW TERRACE 1911 LINTON BOULEVARD BOYNTON BEACH FL 88497 DO NOT WRITE IN THIS SPACE DELRAY DEACH FL 33487 3a. Date of Last Report 3. Date Incorporated or Qualified 12/29/1988 01/23/1996 Applied For 2. Principal Place of Business 2a. Mailing Address mobil service 26 1501 S.W. Not Applicable 06-1254617 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Regulred E 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be III. LAN Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Country 25 29 7 3 1 2 9. Name and Address of Current Registered Agent Yes □ No Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 81 Name MACKINTOSH, M. BRUCE \*8470 LISTON TERR: Street Address (P.O. Box Number is Not Acceptable) 82 -BOYNTON BOH FL-33437 83 84 City 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, typed or printed name of registered agent and title if applicable (NO1f : Rugistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 1.1.10LE TITLE MACINTOSH, MALCOLM B. 1.2 NAME NAME 1501 S.W. 5T CT FT. LAND, F/A, 33312 HThange 9470 LISTOW TERRACE 1.3 STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 21 TITLE TITLE MACINTOSH, MALCOLM B. 2.2 NAME 1501 5.W. 5th CT. ET. Lund Flag 33312 9479 LISTOW TERRACE 2.3 STREET ADDRESS STREET ADDRESS BOYNTON BEACH FI 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE \_\_ Addition TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition Change DELETE TITLE 5.1 1ITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-7IP CITY-\$1-ZIP Change Addition DELETE 6.1 TITLE TITI F 62 NAME NAME

6.3 STREFT ADDRESS

10-954-462-4628

6.4 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 group a report or supplemental acqual 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 dyrporation or the receiver of that my name

STREET ADDRESS

I am an officer or director appears in Block 12 or B

hanged, or on an alt

CITY-ST-7IP