

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 # **L24117** (8)

1. Corporation Name

MACON ROADS, INC.



Principal Place of Business

**C/O CLIFFORD R. RHOADES
107 N. RIDGEWOOD DRIVE, SUITE 11
SEBRING FL 33870**

Mailing Address

**C/O CLIFFORD R. RHOADES
107 N. RIDGEWOOD DRIVE, SUITE 11
SEBRING FL 33870**

3. Date Incorporated or Qualified

10/20/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

65-0159940

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

10. Name and Address of New Registered Agent

**RHOADES, CLIFFORD R.
107 N. RIDGEWOOD DRIVE, SUITE 11
SEBRING FL 33870**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**CLIFFORD R. RHOADES, P.A.
227 NORTH RIDGEWOOD DR.**

83 City

SEBRING, FL 33870

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 typed or printed name of registered agent and the applicant

(If "N/A" Registered Agent's signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D RUCKMAN, CONDA E.**
STREET ADDRESS **1213 MELODY LANE**
CITY-ST-ZIP **SEBRING FL**

TITLE ☐ DELETE
NAME **D RUCKMAN, MARJORIE G.**
STREET ADDRESS **1213 MELODY LANE**
CITY-ST-ZIP **SEBRING FL**

TITLE ☐ DELETE
NAME **D RUCKMAN, STEVEN E.**
STREET ADDRESS **1213 MELODY LANE**
CITY-ST-ZIP **SEBRING FL**

TITLE ☐ DELETE
NAME **D RUCKMAN, RICKY J.**
STREET ADDRESS **1213 MELODY LANE**
CITY-ST-ZIP **SEBRING FL**

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, changed, or on an attachment with an address.

SIGNATURE:

Conda E. Ruckman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 April '96
Date

**(941)
385-7579**
Daytime Phone #

CR2E034 (12/95)