FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

. CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:21

DOCUMENT # **M92342** **(8)**

1. Corporation Name

MACSAY FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
5050 S HWY 17-92 STE 106 P.O. BOX 181457 CASSELBERRY FL 32718-1457 US	5050 S HWY 17-92 STE 106 P.O. BOX 181457 CASSELBERRY FL 32718-1457 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1988
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 105 CONCORD DR.	26 P.O. BOX 181457
Suite, Apt. #, etc. 22 STE 105	Suite, Apt. #, etc. 27
City & State 23 CASSELBERRY FL.	City & State 28 CASSELBERRY FL
Zip / Country 24 32707 / 25 SEMINOLE	Zip / Country 29 32718-1457 / 30

4. FEI Number: 59-2910208 ☐ 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
MACSAY, DAVID ~~5050 SOUTH HIGHWAY 17-92~~ 105 CONCORD DR STE 105 P O BOX 181457 CASSELBERRY FL 32707	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **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 David W MacSay 5/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MACSAY, DAVID	12 NAME	
STREET ADDRESS	~~5050 S. HIGHWAY 17-92~~ 105 CONCORD DR STE 105	13 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	14 CITY-ST-ZIP	
TITLE	TS	21 TITLE	☐ Change ☐ Addition
NAME	MACSAY, BEVERLY R.	22 NAME	
STREET ADDRESS	~~5050 S HIGHWAY 17-92~~ 105 CONCORD DR STE 105	23 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: David W MacSay 5/26/95 407-260-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414017 FP