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

APPROVED AND FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005395 (8)**

1. Corporation Name
MAC'S REPAIRS, INC.

Principal Place of Business
AT THE RESIDENCE OF WAYNE MCCOOL
BAY DRIVE
SANTA ROSA BCH. FL 32459

Mailing Address
250 Turquoise Beach Drive
~~ROUTE 1, BOX 2170~~
SANTA ROSA BCH. FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1992**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21: 250 Turquoise Beach Dr.
22 Suite, Apt. #, etc.:
23 City & State: Santa Rosa Beach
24 Zip: 32459
25 County: Okaloosa

2a. Mailing Address
26: 250 Turquoise Beach Dr.
27 Suite, Apt. #, etc.:
28 City & State: Santa Rosa Beach
29 Zip: 32459
30 County: Okaloosa

4. FEI Number: **59-3156597** ☐ 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

MCCOOL, WAYNE F
~~**ROUTE 1, BOX 2170**~~ 250 Turquoise Beach Dr.
SANTA ROSA BCH. FL 32459

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 250 Turquoise Beach Dr.
83:
84 City: Santa Rosa Beach **FL** 85 Zip Code: 32459

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
Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when furnishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCOOL, WAYNE F	1.2 NAME	} Same
STREET ADDRESS	~~RT. 2, BOX 2170~~ 250 Turquoise Beach Dr.	1.3 STREET ADDRESS	250 Turquoise Beach Drive
CITY-ST-ZIP	SANTA ROSA BCH. FL 32459	1.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Wayne F McCool 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411430 FP