

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90058 048 \*\*\*150.00

0060880

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P92000005395**

1. Corporation Name  
**MAC'S REPAIRS, INC.**



Principal Place of Business 250 TURQUOISE BEACH DR. BAY DRIVE SANTA ROSA BEACH FL 32459 US	Mailing Address 250 TURQUOISE BEACH DR. SANTA ROSA BEACH FL 32459 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>884 Bay Grove Rd.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P. O. Box 2547</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>11/13/1992</b>	4. FEI Number <b>59-3156597</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 <b>Freeport, FL</b>	27 City & State 28 <b>Santa Rosa Bch, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip <b>32439</b> Country	29 Zip <b>32459</b> Country	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent			8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCOOL, WAYNE F</b> <b>250 TURQUOISE BEACH DR.</b> <b>SANTA ROSA BEACH FL 32459</b>		10. Name and Address of New Registered Agent		
81 Name <b>Wayne F. McCool</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>884 Bay Grove Road</b>	83	84 City <b>Freeport</b>	85 Zip Code <b>FL 32439</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCOOL, WAYNE F</b>		1.2 NAME <b>Wayne F. McCool</b>	
STREET ADDRESS <b>250 TURQUOISE BEACH DRIVE</b>		1.3 STREET ADDRESS <b>884 Bay Grove Road</b>	
CITY-ST-ZIP <b>SANTA ROSA BEACH FL</b>		1.4 CITY-ST-ZIP <b>Freeport, FL 32439</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Wayne F. McCool 3-9-99 Date Daytime Phone #

CR2E034 (1/198)