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 JAN 31 AM 10:10

DOCUMENT # **P93000028629 (2)**

1. Corporation Name

MAC'S "ELECTRICAL WORKS" INC. CONTRACTING AND SERVICING

Principal Place of Business	Mailing Address
291 ANCHOR RD. CASSELBERRY FL 32707 US	291 ANCHOR RD. CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business
21 410 North Street
22 Suite #146
23 Longwood FL
24 32750 25 USA

2a. Mailing Address
26 410 North Street
27 Suite #146
28 Longwood FL
29 32750 30 USA

4. FEI Number: 59-3182150 ☐ 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

MCDOWELL, SUSAN
291 ANCHOR RD.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: Susan McDowell
82 Street Address (P.O. Box Number is Not Acceptable): 410 North Street #146
83
84 City: Longwood FL 85 Zip Code: 32750

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: Susan McDowell Susan McDowell, STD January 11, 1995
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	1.1 TITLE	☐ Change ☐ Addition
NAME	MCDOWELL, MARLIN M.	1.2 NAME	
STREET ADDRESS	2320 CHASTAIN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	ENNEN, SCOTT K.	2.2 NAME	
STREET ADDRESS	911 BALLARD ST, APT K	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCDOWELL, SUSAN B.	3.2 NAME	
STREET ADDRESS	2320 CHASTAIN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	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: Susan McDowell Susan McDowell STD 1/11/95 407-260-6171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037111 CP