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Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P930000 43 238

1. Corporation Name
MAC'S BEACHSIDE MARKET, INC.

Principal Place of Business Mailing Address
760 GULF BLVD, INC. P.O. Box 1126
INDIAN ROCKS BEACH, FL

2. Principal Place of Business
21 760 GULF BLVD
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 1126
Suite, Apt. #, etc.

City & State
23 INDIAN ROCKS BEACH
Zip Country
24 33785 25 PINELHAS

City & State
28 INDIAN ROCKS BEACH, FL
Zip Country
29 33785 30 PINELHAS

3. Date Incorporated or Qualified 6/17/93
3a. Date of Last Report 1996

4. FEI Number 59-3187357
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

LOU McDERMOTT
612 2ND ST
INDIAN ROCKS BEACH, FL 33785

10. Name and Address of New Registered Agent

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 *[Signature]* DATE 9-10-97
(NOTE: Registered Agent signature required when registering)

12. PREVIOUS OFFICERS AND DIRECTORS
TITLE DeBORAH McDERMOTT ☐ DELETE
NAME
STREET ADDRESS ~~Box 1155~~ 1155 SEMINOLE BLVD
CITY-ST-ZIP ~~SEMINOLE~~ SEMINOLE FL 33775
TITLE V. PRES ☐ DELETE
NAME LOU McDERMOTT
STREET ADDRESS 612 2ND ST
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]* DATE 9-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)