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Mar 18 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 # P94000001019 (6)

1. Corporation Name
MACKE PROPERTIES OF FLORIDA, INC.



Principal Place of Business

1342 COLONIAL BLVD
SUITE 38-B
FT MYERS FL 33907

Mailing Address

1342 COLONIAL BLVD
SUITE 38-B
FT MYERS FL 33907-1006

3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

21 38 Barkley Circle
Suite, Apt. #, etc.

22 Suite 4
City & State

23 Fort Myers, FL

24 33907
Zip

25 Lee
Country

2a. Mailing Address

26 38 Barkley Circle
Suite, Apt. #, etc.

27 Suite 4
City & State

28 Fort Myers, FL

29 33907
Zip

30 Lee
Country

4. FEI Number

65-0458789

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

MACKE, TODD
1342 COLONIAL BLVD
SUITE 38-B
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

Todd C. Macke

82 Street Address (P.O. Box Number is Not Acceptable)

38 Barkley Circle

83 Suite 4

84 City

Fort Myers

FL

85 Zip Code

33907

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

Todd C. Macke

PRESIDENT

3-13-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MACKE, TODD C
STREET ADDRESS 1342 COLONIAL BLVD, STE 38B
CITY-ST-ZIP FT MYERS FL

TITLE V
NAME SHAFFER, ELLEN M
STREET ADDRESS 199 CHATHAM RD
CITY-ST-ZIP COLUMBUS OH

TITLE S
NAME CHESLOCK, CHERYL M
STREET ADDRESS 5 PARKVIEW DR
CITY-ST-ZIP MINSTER OH

TITLE T
NAME MACKE, JEFFREY A
STREET ADDRESS 8259 STATE RD 703, BOX 10
CITY-ST-ZIP CELINA OH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 38 Barkley Circle, Suite 4
1.4 CITY-ST-ZIP Fort Myers, FL 33907

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Lisa M. Gadonniex
2.3 STREET ADDRESS 1165-B Crystal Way
2.4 CITY-ST-ZIP Delray Beach, FL 33444

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Lynne M. Macke
3.3 STREET ADDRESS 5906 Petunia Lane
3.4 CITY-ST-ZIP Orlando, FL 32821

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Dennis Gadonniex
4.3 STREET ADDRESS 1165-B Crystal Way
4.4 CITY-ST-ZIP Delray Beach, FL 33444

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Todd C. Macke

3-13-97

941-275-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)