

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

05 MAY - 1 PM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093699 (4)**

1. Corporation Name

**THE MAC SOURCE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1386 SAN LUIS COURT WINTER SPRINGS FL 32708**  
Mailing Address: **1386 SAN LUIS COURT WINTER SPRINGS FL 32708**

3. Date Incorporated or Qualified <b>12/27/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3293575</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Director Campaign Contributions <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent <b>DOUCETTE, TIMOTHY A 1386 SAN LUIS COURT WINTER SPRINGS FL 32708</b>				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				B5 FL	B6 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 of Registered Agent required when registering) \_\_\_\_\_ (Signature of Registered Agent required when resigning) \_\_\_\_\_ (Signature of Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED OR DELETED OFFICERS AND DIRECTORS	
11.1 TITLE	<b>D</b>	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	<b>DOUCETTE, TIMOTHY A</b>	11.2 NAME	
11.3 STREET ADDRESS	<b>1386 SAN LUIS COURT</b>	11.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	<b>WINTER SPRINGS FL 32708</b>	11.4 CITY, ST, ZIP	
11.5 TITLE	<b>D</b>	11.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME	<b>DEAN, DAVID</b>	11.6 NAME	<b>DELETE</b>
11.7 STREET ADDRESS	<b>1820 W AZALEA LANE</b>	11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP	<b>DELAND FL 32720</b>	11.8 CITY, ST, ZIP	
11.9 TITLE	<b>D</b>	11.9 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11.10 NAME	<b>KIMBERLY E. DOUCETTE</b>	11.10 NAME	<b>ADD</b>
11.11 STREET ADDRESS	<b>1386 SAN LUIS CT</b>	11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	<b>WINTER SPRINGS, FL 32708</b>	11.12 CITY, ST, ZIP	
11.13 TITLE		11.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME		11.14 NAME	
11.15 STREET ADDRESS		11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP		11.16 CITY, ST, ZIP	
11.17 TITLE		11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		11.18 NAME	
11.19 STREET ADDRESS		11.19 STREET ADDRESS	
11.20 CITY, ST, ZIP		11.20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 manager or the person employed to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attachment with my address.

SIGNATURE: **TIMOTHY A. DOUCETTE** **04/24/95** **(407) 365-3060**  
SIGNATURE AND FILED ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR