

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 13 1998 8:00am  
Secretary of State

DOCUMENT # P95000014370 (7)  
1. Corporation Name

PAMELA S. MAC'KIE, P.A.



Principal Place of Business

4001 TAMiami TR N  
320  
NAPLES FL 34103  
US

Mailing Address

4001 TAMiami TR  
320  
NAPLES FL 34103  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 838 Neapolitan Way

Suite, Apt. #, etc.  
22 #15

City & State  
23 Naples FL

Zip  
24 34103

Country  
25 USA

2a. Mailing Address

26 838 Neapolitan Way

Suite, Apt. #, etc.  
27 #15

City & State  
28 Naples FL

Zip  
29

Country  
30

3. Date incorporated or Qualified

02/21/1995

4. FEI Number

65-0555581

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAC'KIE, PAMELA S  
4001 TAMiami TR N  
320  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name Pamela S. Mac'Kie

82 Street Address (P.O. Box Number is Not Acceptable)  
838 Neapolitan Way #15

84 City Naples

FL

Zip Code  
34103

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8-5-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MAC'KIE, PAMELA S  
STREET ADDRESS 4001 TAMiami TR N, 320  
CITY-ST-ZIP NAPLES FL

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

TITLE ☐ DELETE  
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 838 Neapolitan Way #15  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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:

*Pamela S. Mac'Kie*

8-5-98

941-  
435-0844

CR2E034 (5/98)