FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000018542 (7)**

1. Corporation Name

MAC HIGH VOLTAGE, INC.

Principal Place of Business	Mailing Address
4301 MOLINO MEADOWS RD. MOLINO FL 32577	4301 MOLINO MEADOWS RD. MOLINO FL 32577

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO Box 83
Suite, Apt. #, etc.
27
City & State
28 Cantonment, FL
Zip 29 32533 Country 30 Escambia

3. Date Incorporated or Qualified: **03/07/1995**

3a. Date of Last Report

4. FEI Number: 59-3301058 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, Typed or Printed Name of Registered Agent and Date (NOTE: Registered Agent's Signature Required for Agent Changes)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, ELGHIA B JR.		1.2 NAME	
STREET ADDRESS	4301 MOLINO MEADOWS RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MOLINO FL 32577		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	MCLEAN, MEIR M		2.2 NAME	
STREET ADDRESS	4301 MOLINO MEADOWS RD.		2.3 STREET ADDRESS	7049 Longleaf Creek Dr
CITY-ST-ZIP	MOLINO FL 32577		2.4 CITY-ST-ZIP	Pensacola, FL 32526
TITLE	DT	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	MCLEAN, BARBARA F		3.2 NAME	
STREET ADDRESS	4301 MOLINO MEADOWS RD.		3.3 STREET ADDRESS	7049 Longleaf Creek Dr
CITY-ST-ZIP	MOLINO FL 32577		3.4 CITY-ST-ZIP	Pensacola, FL 32526
TITLE	DS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, LORENE M		4.2 NAME	
STREET ADDRESS	4301 MOLINO MEADOWS RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MOLINO FL 32577		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Barbara F. McLean Treasurer 4-25-96 904-944-7233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara F. McLean