**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # **P95000095582**1. Corporation Name

MAC TODAY, INC.

Principal Place	e of Business	Mailing Address				- 1 (89(188) (18 1818) 81111 8871 84117 84117		
1042 MAIN ST 1042 MAIN ST								
201 201						DO NOT INDITE IN THE COLOR		
		DUNEDIN FL 34698			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed 12/14/1995		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	App	olied For
21		26				59-3355282		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Соц	ntry		8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registers	d Agent	
VEL	BY COOTT			81	Name			
	BY, SCOTT			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
2194 MAIN STREET #K			1043		1042	Main Street		
אטע	iedin FL 34698			83	7.			1
				84	City		. 85 Zip C	ode.
	•			04	City	<i>A</i> .	L 13 3	1698
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the al	bove	named corno	ration submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was a	uthonzed	ı by t	the corporation	n's board of directors. I hereby accept the app	pointment as rec	gistered
agent. ra	an lamiliar with, and accept the cong	pations of, decitor cor. coop, i to	ilda Otati	u100.				J
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable. (NOTE	Registered	Agent	signature required	when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 111	TLE			☐ Change	☐ Addition
NAME	KELBY, SCOTT G		1.2 NA	ME				ŀ
STREET ADDRESS	711 WILDFLOWER		1.3 ST	REET	ADDRESS			\ \
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CI	TY-ST-	-ZIP			
TITLE	V	☐ DELETE	2.1 TII	ΠE			☐ Change	☐ Addition
NAME	WORKMAN, JAMES J		2.2 NA	ME				1
STREET ADDRESS	49499 ANDOVA DD		2.3 ST	REET	ADDRESS			
	LARGO FL 33774			TY-ST				1
TITLE	-T	DELETE	3.1 TI			1.00	Change	Addition
NAME	KENDRA, JEAN A		3.2 NA					ļ
	40400 ANDOVA DD							
STREET ADDRESS	1010211100111011		33.ST	REET	ADDRESS I			Y
CITY-ST-ZIP TITLE	LARGO FL 33774				ADDRESS			
IIILE	LARGO FL 33774	□ DELETE	3.4. C	ITY-ST			☐ Change	Addition
MANE	S	☐ DELETE	3.4. CI	ITY-ST ILE			☐ Change	Addition
NAME	S KELBY, KALEBRA	☐ DELETE	3.4. CI 4.1 TTI 4. 2 N	ITY-ST TLE AME	r-zip		☐ Change	Addition
STREET ADDRESS	S KELBY, KALEBRA 711 WILDFLOWER	☐ DELETE	3.4. CI 4.1 TTI 4. 2 N 4.3 ST	ITY-ST TLE AME TREET	ADDRESS		☐ Change	Addition
STREET ADDRESS	S KELBY, KALEBRA 711 WILDFLOWER PALM HARBOR FL 34683		3.4. CI 4.1 TH 4. 2 N 4.3 ST 4.4 CI	ITY-ST TLE AME TREET	ADDRESS	·		Addition
STREET ADDRESS CITY-ST-ZIP TITLE	S KELBY, KALEBRA 711 WILDFLOWER	☐ DELETE	3.4. CI 4.1 TH 4. 2 N 4.3 ST 4.4 CI 5.1 TI	ITY-ST TLE AME TREET I TY-ST	ADDRESS		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	S KELBY, KALEBRA 711 WILDFLOWER PALM HARBOR FL 34683		3.4. CI 4.1 TII 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N	ITY-ST TLE AME TREET TY-ST TLE AME	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	S KELBY, KALEBRA 711 WILDFLOWER PALM HARBOR FL 34683		3.4. CI 4.1 TII 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST	ITY-ST TLE AME TREET. TY-ST TLE AME	ADDRESS -ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELBY, KALEBRA 711 WILDFLOWER PALM HARBOR FL 34683	☐ DELETE	3.4. CI 4.1 TTI 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST 5.4 CI	ITY-ST	ADDRESS -ZIP ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S KELBY, KALEBRA 711 WILDFLOWER PALM HARBOR FL 34683		3.4. CI 4.1 TTT 4.2 N. 4.3 ST 4.4 CI 5.1 TT 5.2 N. 5.3 ST 5.4 CI 6.1 TT	TY-ST- TLE TREET THE TREET TREET TREET TY-ST- TLE TREET	ADDRESS -ZIP ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELBY, KALEBRA 711 WILDFLOWER PALM HARBOR FL 34683	☐ DELETE	3.4. Cl 4.1 TTI 4. 2 N. 4.3 ST 4.4 Cl 5.1 TT 5.2 N. 5.3 ST 5.4 Cl 6.1 TT 6.2 N.	TY-ST TLE TY-ST TLE AME TY-ST TLE AME	ADDRESS -ZIP ADDRESS		☐ Change	Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90160 050 \*\*\*150.00