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FILED
Apr 23 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 # P96000089302 (9)

1. Corporation Name
MAC'S OF FLORAL CITY, INC.



Principal Place of Business
12470 SOUTH FLORIDA AVENUE
FLORAL CITY FL 34436

Mailing Address
12470 SOUTH FLORIDA AVENUE
FLORAL CITY FL 34436-4509

3. Date Incorporated or Qualified 10/28/1996
3a. Date of Last Report 10-28-96

2. Principal Place of Business

21 12740 S. FLA AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 12740 S. FLA AVE
Suite, Apt. #, etc.

22 City & State

23 FLORAL CITY, FL
Zip Country

24 34436 25 CIRVUS

27 FLORAL CITY, FL
City & State

28 34436 30 CIRVUS
Zip Country

4. FEI Number
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

MCDUGALD, ONEAL
12470 SOUTH FLORIDA AVENUE
FLORAL CITY FL 34436

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCDUGALD, ONEAL
STREET ADDRESS 12370 SOUTH FLORIDA AVENUE
CITY-ST-ZIP FLORAL CITY FL 34436 ☐ DELETE

TITLE VD
NAME MCDUGALD, TIMMY
STREET ADDRESS 12038 KAMBACK DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34614 ☒ DELETE

TITLE STD
NAME MCDUGALD, CHARLOTTE
STREET ADDRESS 12038 KAMBACK DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34614 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

CR2E034 (9/96)