FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000023797 (8)

MACKENZIE ENTERPRISES OF VOLUSIA COUNTY, INC.

FILED Feb 25 1998 8:00am Secretary of State



2/19/98

Timopar i ac	C. O. Dusinoss	alding Accides		
523 NO HALI DAYTONA BE	FAX AVE. IACH FL 32118	523 NO HALIFAX AVE. DAYTONA BEACH FL 32118		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
i				03/17/1997
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
	W. Granda Blyd		Grands	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	_Unawas	S8.75 Additional
22 \ 0 5 27 \ 0 5				5. Certificate of Status Desired Fee Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be
23 Ormand Bench, FL 28 Ormand Bo			nch Fl	Trust Fund Contribution Added to Fees
Zip Country Zip			Countly	8. This corporation owes or has paid the current year Intangible
24 5 D	174 26 U.S.A	29 37174 30	0.5 A	Personal Property Tax due June 30. 🗵 Yes 🔣 No
				10. Name and Address of New Registered Agent
DANIELS, DOUGLAS A BY Name TAMES F. MUCKENZIE				
523 NO HALIFAX AVE.			82 Street A	ddress (P.O. Box Number is Not Acceptable)
DAYTONA BEACH FL 32118				00 W. Grando Blud
			63	Svite 106
			84 City	
) rmond 1360cm LT 35174
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 Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE James 1 Mars Cons				
	Signature types or printed name of registerios agents		egistered Agent signature n	
12.	OFFICERS AND (DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change M Addition
TITLE	DANIELS, DOUGLAS A	DELETE	11 TITLE	, , , , , , , , , , , , , , , , , , , ,
NAME	523 NO HALIFAX AVE.		1 2 NAME	Tomes F. Mickenson
STREET ADDRESS	DAYTONA BEACH FL 32118		1.3 STREET ADDRESS	700 0 544604 500
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Ormand Banch FL. 32174 Change Addition
į	President		2.1 MILE 2.2 NAME	
NAME CYCCET ADDRESS	James F. Marilanzie	,		
STREET ADDRESS	TOO W. Gravada Blue	22224	2 3 STREET ADDRESS	
CITY+SI-ZIP TITLE	Ormand Beach, FL	DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
			3.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	J. O. W. J. C. W. J. W. J. C. W. J. W. J. C. W. J. W. J. C. W. J. W. W. J. W.
STREET ADDRESS			43 STREET ADDRESS	1
CITY-ST-ZIP		i	4.4 City-St-ZiP	į
TITLE		DELETE	51 THILE	☐ 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	
14. I hereby o	certify that the information supplied with	this filing does not qualify for th	ne 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 13 if changed, or on an attachment with an address				