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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000058331 (4)

MACKAY HOMES, INC.

FILED Jan 20 1998 8:00am Secretary of State



120-QB

Principal Place of Business		Mailing Address		A CANDISADE TIM SAFAT CORES AND AND CONTRACTOR OF SECUNDARY AND A LICE AND STANDARY	
9310 OLD GIRSONTON DR 9310 OLD GIBSONTON DI				·	
GIBSONTON FL 33534		GIBSONTON FL 33534		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IO OI MOL
				07/02/1997	
2, Principal P	Place of Business	2a. Mailing Addross		4. FEI Number	Applied For
21		26 PO Dox 114	B	59-3483076	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commodic of Blates Besilde	Fee Required
City & State		Sily & State	uri'da	6. Election Campaign Financing	\$5.00 May Be
23		28 Kiverview Fly		Trust Fund Contribution	Added to Fees
Zip	Country	33568	Country Hillsbury	8. This corporation owes or has paid the o	_ ' _ ~
24	25 25 Name and Address of Cu		0 Hillsonal	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
LIA.		and the State of the Liberty	10. Traille and Manides of 1404 Hagistale	- ragent	
MACKAY, BRIAN K					
9310 OLD GIBSONTON DR GIBSONTON FL 33534			B2 Street Add	trect Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.1508, Florida Statutes	the above named cor	poration submits this statement for the purpose	of changing its registered
office or r agent. I a	registered agent, or both, in the S im familiar with, and accept the o	state of Florida. Such change was aul bligations of, Section 607.0505, Flori	thorized by the corpora da Statutes.	ition's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typod or printed name of registere	of assent and rule it goods able (NOTL F	tegistered Agent signature requ	irco when reinstating) DATE	
12.		AND DIRECTORS	13 .	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 1
TITLE		DETELE		4,7,0	Change Addition
NAME			1.2 NAME S	nion Mackey	
STREET ADDRESS			1.3 STREET ADDRESS	310 old Gibson ton Dr.	
CITY - ST - ZIP			1.4 C(1) Y - \$1 - Z(P	Sibretin Fl. 33534	
TITLE	A CONTRACTOR OF THE PROPERTY O	DELFTE	2 1 TITLE	0,1,0	Change Addition
NAME					
STREET ADDRESS			2.3 STREET ADDRESS 🙎	Temes Mackey 510 Culbrecth Cove Court	
CITY-ST-ZIP				Veliko Fl 33594	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREFT ADDRESS	1.60	
CITY-ST-ZIP			3.4. CITY+S1-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	,		4 3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CHY-S1-7(F)		
TITLE		DELETE	5 1 1ITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREFT ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 logal 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 only attachment with an adjress.