

0488430

02-19-1999 90001 011 ***150.00



1. Corporation Name
MAC DAN ADJUSTERS, INC.

9416 BOB COURT WEST
HOMOSASSA FL 34448

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HOMOSASSA FL 34448

03/24/1998

59-3501061

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

DATE _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 _____

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	

1 TITLE	
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	

1	TITLE
2	NAME
3	STREET ADDRESS
4	CITY, ST., ZIP

4. 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.

Dan M. Macias **DANIEL M. MACIAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/1989, 352-621-1245

CR2E034 (11/98)