2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 30, 2001 8:00 am
Secretary of State
05-10-2001 90185 041 ***150.00

DOCUMENT # P99000006550

1. Entity Name
BENE/MAC PUBLISHING CO., INC.

Principal Place of Business	Mailing Address
2205 GRANT AVE., SUITE D PANAMA CITY FL 32417	PO BOX 18769 PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 Minnesota Ave	2304 Winona Drive
Suite, Apt. #, etc.: Ste 206	Suite, Apt. #, etc.:
City & State: Lynn Haven FL	City & State: Panama City FL
Zip: 32444 Country: USA	Zip: 32405 Country: USA

4. FEI Number 59-3555799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HINSON, HERBERT H
29 E. 5TH ST.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
Name: John E. Benefield
Street Address (P.O. Box Number is Not Acceptable): 2304 Winona Drive
City: Panama City FL Zip Code 32405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BENEFIELD, JOHN E		NAME		
STREET ADDRESS	~~PO BOX 18769~~ P.O. Box 18769		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32417		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCDANIEL, WILMA		NAME		
STREET ADDRESS	PO BOX 18769		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32417		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/01 (850)271-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #