

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90146 029 ***150.00

DOCUMENT # P99000006550

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



Principal Place of Business
2500 MINNESOTA AVE
SUITE 206
LYNN HAVEN FL 32444

Mailing Address
PO BOX 18769
PANAMA CITY FL 32417



2. Principal Place of Business **CITY BEACH** 3. Mailing Address

17203A PANAMA PARKWAY

Suite, Apt. #, etc.

PANAMA CITY BEACH FL.

Suite, Apt. #, etc.

PANAMA CITY BEACH, FL.

Zip

Country

32413

BAY

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

BENEFIELD, JOHN E.
2500 MINNESOTA AVE
STE 206
LYNN HAVEN FL 32444

Name **BENEFIELD, JOHN E.**
Street Address (P.O. Box Number is Not Acceptable)
17203A PANAMA CITY BEACH PARKWAY
City **PANAMA CITY BEACH FL** Zip Code **32413**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John E. Benefield* **JOHN E. BENEFIELD PRESIDENT**

4/27/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☐ Delete
NAME **BENEFIELD, JOHN E**
STREET ADDRESS **PO BOX 18769**
CITY-ST-ZIP **PANAMA CITY FL 32417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MCDANIEL, WILMA**
STREET ADDRESS **PO BOX 18769**
CITY-ST-ZIP **PANAMA CITY FL 32417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Benefield **JOHN E. BENEFIELD** **4/27/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

Date

850-814-2128
Daytime Phone #

CR2E034 (10/02)