

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90679 039 ***150.00

DOCUMENT # P99000059994

1. Entity Name

MAC TOWERS, INC.



Principal Place of Business

133 W. INDUSTRIAL BLVD.
PENSACOLA FL 32505

Mailing Address

P.O. BOX 11095
PENSACOLA FL 32524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3586979

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

WHIBBS, SUZANNA N
105 E. GREGORY SQUARE
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCRARY, BOBBY	
STREET ADDRESS	P.O. BOX 11095	
CITY-ST-ZIP	PENSACOLA FL 32524	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCRARY, BOBBY	
STREET ADDRESS	P.O. BOX 11095	
CITY-ST-ZIP	PENSACOLA FL 32524	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCRARY, PATRICIA	
STREET ADDRESS	P.O. BOX 11095	
CITY-ST-ZIP	PENSACOLA FL 32524	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCCRARY, PATRICIA K	
STREET ADDRESS	P.O. BOX 11095	
CITY-ST-ZIP	PENSACOLA FL 32524	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Patricia K. McCrary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-04

Date

850-476-6747

Daytime Phone #