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PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S46518 (4)

1. Corporation Name

MACKEE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2800 PINELLAS PARK FL 34664-2800	P.O. BOX 2800 PINELLAS PARK FL 34664-2800

3. Date Incorporated or Qualified: 04/19/1991
3a. Date of Last Report: 01/20/1995
4. FEI Number: 59-3068848 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 800 49TH Street NO	26 P.O. BOX 14448
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. PETERSBURG, Fl	City & State 28 ST. PETERSBURG, Fl
Zip 24 33710 Country 25 PINELLAS	Zip 29 33733-4448 Country 30 PINELLAS

9. Name and Address of Current Registered Agent

MCKEEVER, MICHAEL
6699 90TH AVE. NORTH
PINELLAS PARK FL 34664

10. Name and Address of New Registered Agent

81 Name: MICHAEL MCKEEVER
82 Street Address (P.O. Box Number is Not Acceptable): 800 49th Street NO
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33710

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Michael McKeever MICHAEL MCKEEVER PRES 3-4-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKEEVER, MICHAEL		1.2 NAME	
STREET ADDRESS	6699 90TH AVE. NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Michael McKeever President 3/4/96 813-327-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MICHAEL MCKEEVER PRESIDENT