# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **S78501** **(1)**

1. Corporation Name

**MAC OF JACKSONVILLE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3540 US HWY 17<br>SUITE 118<br>GREEN COVE SPRINGS FL 32043<br>US | 3540 US HWY 17<br>SUITE 118<br>GREEN COVE SPRINGS FL 32043<br>US |

3. Date Incorporated or Qualified: **09/04/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3090425** ☐ 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

9. Name and Address of Current Registered Agent

**MCVEIGH, MICHAEL E.**
**1752 DEBUTANTE DR.**
**JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when executing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCVEIGH, MICHAEL E. | | 1.2 NAME | | |
| STREET ADDRESS | 3540 US HWY 17, SUITE 118 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCVEIGH, JAMES E. | | 2.2 NAME | | |
| STREET ADDRESS | 3540 US HWY 17, SUITE 118 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCVEIGH, BETTE A. | | 3.2 NAME | | |
| STREET ADDRESS | 3540 US HWY 17, SUITE 118 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | T | ☑ Change ☐ Addition |
| NAME | MCVEIGH, ROSILYN L. | | 4.2 NAME | | |
| STREET ADDRESS | 544 LORA STREET | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | | 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 | | |

CR2E034 (12/95)

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)(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.

**SIGNATURE:** Bette A McVeigh 5/29/96 9047253761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BETTE A. McVEIGH