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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 SUITE 118 GREEN COVE SPRINGS FL 32043 US	1752 DEBUTANTE DR SUITE 118 JACKSONVILLE FL 32246 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	5138 OTTER CREEK DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
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	6427 JACK WRIGHT ISLAND RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
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	6427 JACK WRIGHT ISLAND RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32092	
TITLE	T	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	MCVEIGH, ROSILYN L.		4.2 NAME	ROSILYN M. ROBERTSON	
STREET ADDRESS	544 LORA STREET		4.3 STREET ADDRESS	1058 LITTLE CYPRESS KEY	
CITY-ST-ZIP	NEPTUNE BEACH FL		4.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
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 (10/97)

14. 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 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 [signature] 4/23/98