FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90119 010 ***150.00

DOCUMENT # S78501

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 Qualifed: 09/04/1991

4. FEI Number: 59-3090425 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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	5138 OTTER CREEK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCVEIGH, JAMES E.		2.2 NAME		
STREET ADDRESS	6427 JACK WRIGHT ISLAND RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE FL 32092		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCVEIGH, BETTE A.		3.2 NAME		
STREET ADDRESS	6427 JACK WRIGHT ISLAND RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST SUGUSTINE FL 32092		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	ROBERTSON, ROSILYN M		4. 2 NAME	ROBERTSON, ROSILYN M	
STREET ADDRESS	1058 LITTLE CYPRESS KEY		4.3 STREET ADDRESS	13538 VALBUENA CT.	
CITY-ST-ZIP	ATLANTIC BCH FL 32233		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
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		

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, with all other like empowered.

SIGNATURE: BETTE A. MCVEIGH Bette A. McVeigh 4/29/99 9047253761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)