

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S91513** (9)  
1. Corporation Name  
**MACO PROPERTIES, INC.**



Principal Place of Business  
**980 HURON ST  
JACKSONVILLE FL 32254  
US**

Mailing Address  
**5085 EDGEWOOD COURT  
JACKSONVILLE FL 32254-3801**

3. Date Incorporated or Qualified  
**11/01/1991**

3a. Date of Last Report  
**04/04/1996**

2. Principal Place of Business 21 <b>1646 ROGERO RD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1646 ROGERO RD</b> Suite, Apt. #, etc.
22 City & State 23 <b>JACKSONVILLE, FL.</b>	27 City & State 28 <b>JACKSONVILLE, FL.</b>
24 Zip <b>32211</b>	29 Zip <b>32211</b>
25 Country <b>USA</b>	30 Country <b>USA</b>

4. FEI Number  
**59-3100414**

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  
**YARBROUGH, MICHAEL  
5085 EDGEWOOD COURT  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name <b>MICHAEL YARBROUGH</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1646 ROGERO RD</b>
83
84 City <b>JACKSONVILLE</b>
85 Zip Code <b>FL 32211</b>

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 Yarbrough* DATE **4/21/97**  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE <b>PST</b>	<input type="checkbox"/> DELETE
NAME <b>YARBROUGH, MICHAEL</b>	
STREET ADDRESS <b>5085 EDGEWOOD COURT</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>YARBROUGH, MICHAEL</b>	
STREET ADDRESS <b>5085 EDGEWOOD COURT</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
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"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>YARBROUGH, MICHAEL</b>	
1.3 STREET ADDRESS <b>1646 ROGERO RD.</b>	
1.4 CITY-ST-ZIP <b>JACKSONVILLE, FL. 32211</b>	
2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>YARBROUGH, MICHAEL</b>	
2.3 STREET ADDRESS <b>1646 ROGERO RD</b>	
2.4 CITY-ST-ZIP <b>JACKSONVILLE, FL. 32211</b>	
3.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>THOMPSON, TIMOTHY</b>	
3.3 STREET ADDRESS <b>1646 ROGERO RD</b>	
3.4 CITY-ST-ZIP <b>JACKSONVILLE, FL. 32211</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 *Michael Yarbrough* DATE **4-21-97 (900) 745 0045**

CR2E034 (9/96)