

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60674** (1)

1. Corporation Name

MCINTOSH ENTERPRISES GROUP, INC.

Principal Place of Business

Mailing Address

528 EDGWOOD AVE. S
SUITE 3
JACKSONVILLE FL 32205
US

P.O. BOX 37471
JACKSONVILLE FL 32236-7471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1992

3a. Date of Last Report

03/04/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3143392

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

10. Name and Address of New Registered Agent

MCINTOSH, HAROLD L., SR.
528 EDGWOOD AVE. SOUTH
SUITE 3
JACKSONVILLE FL 32205

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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DP
MCINTOSH, HAROLD L., JR.
RT. 4, BOX 455
CALLAHAN FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DV
MCINTOSH, HAROLD L., SR.
RT. 4, BOX 455
CALLAHAN FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DT
MCINTOSH, OTIS L., JR.
4519 CAROLYN COVE LN N.
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DS
BEYER, THOMAS J., JR.
8707 BUCK LAKE RD.
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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)(b), 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: OTIS L. MCINTOSH JR. *Otis L. McIntosh Jr.*

4/3/95

904-387-4565

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

(Typed or Printed Name)