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Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V70950** (3)

1. Corporation Name  
**S. MCINTOSH, INC.**

Principal Place of Business

**8144 HARE AVE  
JACKSONVILLE FL 32211**

Mailing Address

**8144 HARE AVE  
JACKSONVILLE FL 32211-9640**

2. Principal Place of Business

21. Suite, Apt. #, etc.  
22. City & State

23. Zip  
24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.  
27. City & State

28. Zip  
29. Country

3. Date Incorporated or Qualified  
**10/14/1992**

3a. Date of Last Report  
**04/16/1996**

4. FEI Number  
**59-3145752**

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

**MCINTOSH, SHIRLEY A  
8114 HARE AVE  
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81. Name **Whitaker, Rebecca A.**

82. Street Address (P.O. Box Number is Not Acceptable)  
**8144 Hare Avenue**

83.

84. City **JACKSONVILLE**

FL 85. Zip Code  
**32211**

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

*Rebecca A. Whitaker*

**03-08-97**

(Signature of the principal place of business agent and the registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1. TITLE **PTSD**  
1.2. NAME **WHITAKER, REBECCA A**  
1.3. STREET ADDRESS **8144 HARE AVE**  
1.4. CITY-STATE-ZIP **JACKSONVILLE FL 32211**

1.5. TITLE ☐ DELETE

2.1. TITLE ☐ DELETE

3.1. TITLE ☐ DELETE

4.1. TITLE ☐ DELETE

5.1. TITLE ☐ DELETE

6.1. TITLE ☐ DELETE

7.1. TITLE ☐ DELETE

8.1. TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. TITLE ☐ Change ☐ Addition

1.2. NAME ☐ Change ☐ Addition

1.3. STREET ADDRESS ☐ Change ☐ Addition

1.4. CITY-STATE-ZIP ☐ Change ☐ Addition

2.1. TITLE ☐ Change ☐ Addition

2.2. NAME ☐ Change ☐ Addition

2.3. STREET ADDRESS ☐ Change ☐ Addition

2.4. CITY-STATE-ZIP ☐ Change ☐ Addition

3.1. TITLE ☐ Change ☐ Addition

3.2. NAME ☐ Change ☐ Addition

3.3. STREET ADDRESS ☐ Change ☐ Addition

3.4. CITY-STATE-ZIP ☐ Change ☐ Addition

4.1. TITLE ☐ Change ☐ Addition

4.2. NAME ☐ Change ☐ Addition

4.3. STREET ADDRESS ☐ Change ☐ Addition

4.4. CITY-STATE-ZIP ☐ Change ☐ Addition

5.1. TITLE ☐ Change ☐ Addition

5.2. NAME ☐ Change ☐ Addition

5.3. STREET ADDRESS ☐ Change ☐ Addition

5.4. CITY-STATE-ZIP ☐ Change ☐ Addition

6.1. TITLE ☐ Change ☐ Addition

6.2. NAME ☐ Change ☐ Addition

6.3. STREET ADDRESS ☐ Change ☐ Addition

6.4. CITY-STATE-ZIP ☐ Change ☐ Addition

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:

*Rebecca A. Whitaker*  
Rebecca A. Whitaker, President

**03-08-97 (904) 724-8185**

Date

Daytime Phone

CR2E034 (9/96)