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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:38

DOCUMENT # 284947 (9)

1. Corporation Name
MARMAC CONCORD, INC.

Principal Place of Business	Mailing Address
1010 W. COLONIAL DRIVE P.O.BOX 3269 ORLANDO FL 32802	1010 W. COLONIAL DRIVE P.O.BOX 3269 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1964
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 59-1088344 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCNAMARA-VILLARROEL, MARY ANN
65 INTERLAKEN ROAD
ORLANDO FL 32804

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MCNAMARA-VILLARROEL, MAR	1.2 NAME	
STREET ADDRESS	65 INTERLAKEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	MCINVALE, WILLIE K. JR.	2.2 NAME	
STREET ADDRESS	764 ELLWOOD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	HAL B. MCNAMARA
STREET ADDRESS		3.3 STREET ADDRESS	1023 GOLFVIEW STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32804
TITLE		4.1 TITLE	V ☐ Change ☒ Addition
NAME		4.2 NAME	MARGARET R. MCNAMARA-MCGEE
STREET ADDRESS		4.3 STREET ADDRESS	2023 COMPANERO AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32804
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)(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 added on an attachment with an address.

SIGNATURE: W.K. McInvale, Jr. 1/25/95 (407) 849-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary

0063800 CP