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Jan 30 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 # 284947

(9)

1. Corporation Name  
MARMAC CONCORD, INC.

Principal Place of Business

1010 W. COLONIAL DRIVE  
P.O. BOX 3269  
ORLANDO FL 32802

Mailing Address

1010 W. COLONIAL DRIVE  
P.O. BOX 3269  
ORLANDO FL 32802-3269

3. Date Incorporated or Qualified  
09/10/1964

3a. Date of Last Report  
01/30/1996

2. Principal Place of Business

21 Suite Apt. # etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4. FEI Number

59-1068344

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

7. 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCNAMARA-VILLARROEL, MAR  
STREET ADDRESS 65 INTERLAKEN RD  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ST ☐ DELETE

NAME MCINVALE, WILLIE K. JR.  
STREET ADDRESS 764 ELLWOOD AVENUE  
CITY-ST-ZIP ORLANDO, FL 00000

TITLE V ☐ DELETE

NAME MCNAMARA, HAL B.  
STREET ADDRESS 1023 GOLFVIEW STREET  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME MCNAMARA-MCGEE, MARGARET R.  
STREET ADDRESS 2023 COMPANERO AVENUE  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1400 Arthur Street  
Orlando, Florida 32804

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 of this report or on an attachment with an address.

SIGNATURE:

*Willie K. McInvale, Jr.*

Willie K. McInvale, Jr.

1/24/97

Secretary/Treasurer (407) 849-0610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)