

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 248518

1. Corporation Name

MCNAMARA PONTIAC, INC.

Principal Place of Business

1010 W COLONIAL DR  
BOX 3269  
ORLANDO FL 32802

Mailing Address

1010 W COLONIAL DR  
BOX 3269  
ORLANDO FL 32802

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCNAMARA SR,DENNIS C  
1740 TURNBERRY TERRACE  
ORLANDO FL 32804

3. Date Incorporated or Qualified

06/19/1961

4. FEI Number

59-0931819

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 owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
MCNAMARA SR,DENNIS C  
1740 TURNBERRY TERRACE  
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
MCINVALE, WILLIE K, JR  
1400 ARTHUR STREET  
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
MCNAMARA JR.,DENNIS C  
65 INTERLAKEN ROAD  
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
MCNAMARA, HAL B.  
1023 GOLFVIEW STREET  
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V  
HADD, DENNIS L.  
868 SWEETWATER ISLAND CIRCLE  
LONGWOOD FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1347 Quailley Street  
Orlando, FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90076 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)