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

DOCUMENT # 381016 (5)

1. Corporation Name
MCNAMARA FINANCIAL SERVICES, INC.

FILED
95 JAN 25 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1010 W. COLONIAL DR. ORLANDO FL 32804	P.O. BOX 3269 ORLANDO FL 32802 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1971
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-1346754 ☐ 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

HADD, DENNIS L.
686 SWEETWATER ISLAND CIRCLE
LONGWOOD FL 32779

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	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	MCNAMARA, SR., DENNIS C	1.2 NAME		
STREET ADDRESS	1740 TRUNBERRY TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	DV	2.1 TITLE		☒ Change ☐ Addition
NAME	MCNAMARA, HAL B.	2.2 NAME		
STREET ADDRESS	1023 GOLFVIEW ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	Orlando, FL 32804	
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	HADD, DENNIS L.	3.2 NAME		
STREET ADDRESS	868 SWEETWATER ISLAND CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	DST	4.1 TITLE		☒ Change ☐ Addition
NAME	MCINVALE, JR., WILLIE K	4.2 NAME		
STREET ADDRESS	764 ELLWOOD AVENUE	4.3 STREET ADDRESS	1400 Arthur Street	
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP	Orlando, FL 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 on an attachment with an address.

SIGNATURE: Dennis L. Hadd — 01/17/95 — 407-849-0610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Dennis L. Hadd, Vice President

0083800 CP