

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:08

DOCUMENT # F73199

(4)

1. Corporation Name

CONNAMARA REALTY CORP.

Principal Place of Business

100 LAURA STREET
RFD 2 BOX 374
JACKSONVILLE FL 32202
US

Mailing Address

BRILL RD.
RFD 2 BOX 374
WOODSVILLE, NH. 03785-101
US

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

03/16/1982

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2214162

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

2. Principal Place of Business

21 100 Laura Street

2a. Mailing Address

26 372 Brill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville FL

City & State

28 Woodsville, NH

Zip

24 32202

Country

25 US

Zip

29 03785-5601

Country

30 US

9. Name and Address of Current Registered Agent

SKINNER, HALCYON E.
100 LAURA STREET
JACKSONVILLE FL 32202

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

PTD
ADAM, WILLIAM T.
BRILL RD.
WOODSVILLE NH

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

VSD
ADAM, JUDITH E.
BRILL RD.
WOODSVILLE NH

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

372 Brill Road
Woodsville NH 03785-5601

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

372 Brill Road
Woodsville, NH 03785-5601

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

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 190.07(3)(k), 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 authorized 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:

WILLIAM T. ADAM

1/27/95 603-7876110

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

DATE