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

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

100 LAURA STREET JACKSONVILLE FL 32202

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F73199

(4)

WOODSVILLE, NH. 13785-560

Mailing Address

372 BRILL ROAD

CONNAMARA REALTY CORP.

FILED
Jan 26 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 03/16/1982

				3. Date Incorporated or Qualified				
2. Principal Place of Business	2a. Mailing Address	. Mailing Address		03/16/1982 4. FEI Number	Applied For			
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.				<b>59-2214162 5.</b> Certificate of Status Desired □	\$8.75 Additional Fee Required			
City & Slate	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country 25	71D 29 03785-560 Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No				
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
SKINNER, HALCYON E.		81	Name					
100 LAURA STREET JACKSONVILLE FL 32202		82	82 Street Address (P.O. Box Number is Not Acceptable)					
		83						
		84		FL	85 Zip Code			
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the</li> </ol>	7.0502 and 607.1508, Florida Statutes, the a State of Florida Such change was authorized	above ed by	e-named corpor the corporation	ation submits this statement for the purpose of c i's board of directors. I hereby accept the appoin	hanging its registered ntment as registered			

agent. I a	m familiar with, and accept the obligations of Section 6	07.05 <b>05</b> , Florio	la Statutes.	poration's board or direct	ога. т негеру ассерт те арт	JOINTHIEIT AS	registered
SIGNATURE	Signature, typed or printed name of registering agent and title if applicable	(NOTE B	epistered Apont signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.		HANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	PTD	DELE <b>TE</b>	1.1 TITLE			Change	Addition
NAME	ADAM, WILLIAM T.		1.2 NAME				
STREET ADDRESS	372 BRILL ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	WOODSVILLE NH		1.4 CITY-ST-ZIP				
TITLE	V\$D X	DELETE	2.1 TITLE			Change	Addition
NAME	ADAM, JUDITH E.		2.2 NAME				
STREET ADDRESS	823 BRILL RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	WOODSVILLE NH		2. 4 CITY - ST - ZIP				
TITLE	<b>\$D</b>	DELETE	3 1 TITLE	.5		<b>X</b> Change	Addition
NAME	ADAM, HEIDIS		3.2 NAME				
STREET ADDRESS	372 BRILL ROAD		3 3 STREET ADDRESS				
CITY-ST-ZIP	WOODVILLE NH		3.4 CITY - ST - ZIP				
TATLE	VP	DELETE	4.1 TITLE			Change	Addition
NAME	ADAM, ANDREW T.		4.2 NAME	1			
STREET ADDRESS	372 BRILL ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	WOODVILLE NH		4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. Thereby 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.