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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G82589** **(4)**

1. Corporation Name
MCWILLIAMS MARKETING, INC.

Principal Place of Business	Mailing Address
492 E. EAU GALLIE BLVD SUITE 208 INDIAN HBR BCH FL 32937 US	492 E. EAU GALLIE BLVD. SUITE 208 INDIAN HBR BCH FL 32937 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/31/1984**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 492 E. Eau Gallie Blvd	26 492 E. Eau Gallie Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Indian Harbour Bch, Fl	City & State 28 Indian Harbor Bch, Fl
Zip 24 32937 Country 25 USA	Zip 29 32937 Country 30 USA

4. FEI Number: **59-2528161** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCWILLIAMS, TIMOTHY F. **492 E. EAU GALLIE BLVD.** **INDIAN HBR BCH FL 32937**	01 Name N/A 02 Street Address (P.O. Box Number Is Not Acceptable) 03 04 City **FL** 05 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 changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1.1 TITLE	☐ Change ☐ Addition
NAME	MCWILLIAMS, TIMOTHY F.	1.2 NAME	
STREET ADDRESS	492 E. EAU GALLIE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HBR BCH FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: _____ JAN 11, 1995 407-777-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TIMOTHY McWILLIAMS

000084 CP