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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:29

DOCUMENT # M79178 (3)

1. Corporation Name
MCNAMARA-MARTIN, INC.

Principal Place of Business	Mailing Address
3114 SW WIMBLETON TERRACE PALM CITY FL 34990	3114 SW WIMBLETON TERRACE PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1988
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business
21: 12825 SE Suzanne Dr.
22 Suite, Apt. #, etc.:
23 City & State: Hobe Sound, FL
24 Zip: 33455
25 Country: Martin

2a. Mailing Address
26: 12825 SE Suzanne Dr.
27 Suite, Apt. #, etc.:
28 City & State: Hobe Sound, FL
29 Zip: 33455
30 Country: Martin

4. FEI Number: 65-0052237 ☐ 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

MCNAMARA, JAMES R.
12825 SE SUZANNE DR
HOBE SOUND, FL
PALM CITY FL 33455

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 12825 SE Suzanne Drive
83:
84 City: Hobe Sound FL 85 Zip Code: 33455

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: James R. McNamara — James R. McNamara — DATE: 1-25-95
(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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, JAMES R.	1.2 NAME	
STREET ADDRESS	12825 SE SUZANNE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCNAMARA, L.W. III	2.2 NAME	
STREET ADDRESS	12825 SE SUZANNE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE CITY FL	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455
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: James R. McNamara — James R. McNamara — 1-25-95 — (407)546-0127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0370008 CP