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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:23

DOCUMENT # **P93000077715 (9)**

1. Corporation Name
GOMAC, INC.

Principal Place of Business	Mailing Address
2115 WEST NINE MILE RD. SUITE 2 PENSACOLA FL 32534	2115 WEST NINE MILE RD. SUITE 2 PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/07/1993	05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 1822 Blackbird LN	26 1822 Blackbird LN.	59-3224783 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State: Pensacola FL	28 City & State: Pensacola, FL.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip: 32534-9308 25 Country: Escambia	29 Zip: 32534-9308 30 Country: Escambia	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUSSELL, MARION J 2115 W. NINE MILE RD. SUITE 2 PENSACOLA FL 32534	81 Name: REAGAN L. McDANIEL 82 Street Address (P.O. Box Number is Not Acceptable): 2530 FARRIS AVENUE 83: PENSACOLA 84 City: FL 85 Zip Code: 32526

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: Reagan L. McDaniel (Signature of New Registered Agent) (NOTE: Registered Agent signature required when mandatory) DATE: 25 MARCH 95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP, VP	11 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, REAGAN L	12 NAME	
STREET ADDRESS	2530 FARRIS AVE.	13 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32526-8992	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, SANDRA	22 NAME	
STREET ADDRESS	2530 FARRIS AVE.	23 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32526-8992	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Reagan L. McDaniel REAGAN L. McDANIEL 18MAR95 904 494-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #