

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90011 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000060194

1. Corporation Name
TOM & WALT MCNAMARA, INC.



Principal Place of Business 1337 VIEWTOP DR. CLEARWATER FL 33764	Mailing Address 1337 VIEWTOP DR. CLEARWATER FL 33764
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1495 BELUAR RD		2a. Mailing Address 26 1495 BELUAR RD		3. Date Incorporated or Qualified 07/06/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3519683	
City & State 23 CLEARWATER FL		City & State 28 CLEARWATER FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33756		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29 33756		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCNAMARA, WALT W 1337 VIEWTOP DR. CLEARWATER FL 33764		10. Name and Address of New Registered Agent 81 MCNAMARA THOMAS 82 1800 PATLIN CIRCLE SOUTH 83 84 LARGO FL 85 33770	
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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 **Thomas W McNamara** **THOMAS MCNAMARA** **4/29/99**
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	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCNAMARA, TOM W		1.2 NAME MCNAMARA THOMAS W.	
STREET ADDRESS 1337 VIEWTOP DR.		1.3 STREET ADDRESS 1800 PATLIN CIRCLE S.	
CITY-ST-ZIP CLEARWATER FL 33764		1.4 CITY-ST-ZIP LARGO FL 33770	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCNAMARA, WALT W		2.2 NAME MCNAMARA WALTER W	
STREET ADDRESS 1337 VIEWTOP DR.		2.3 STREET ADDRESS 1337 VIEWTOP DR	
CITY-ST-ZIP CLEARWATER FL 33764		2.4 CITY-ST-ZIP CLEARWATER FL 33764	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME MICHAEL LEWELLYN	
STREET ADDRESS		3.3 STREET ADDRESS MICHAEL	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME LEWELLYN MICHAEL	
STREET ADDRESS		4.3 STREET ADDRESS 1800 PATLIN CIRCLE SOUTH	
CITY-ST-ZIP		4.4 CITY-ST-ZIP LARGO FL 33770	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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, with all other like empowered.

SIGNATURE: **MICHAEL LEWELLYN** **4/29/99** **588-1301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)