FILE NOW: FILING FEE AFTER MAY 1 IS $55.00

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # S66464 **(6)**

1. Corporation Name
RON MCNARY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6239 EDGEWATER DR ORLANDO FL 32810-4747	P.O. BOX 608003 ORLANDO FL 32860-8003 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 07/11/1991
3a. Date of Last Report: 04/25/1996

4. FEI Number: 59-3077614 ☐ 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

~~MCNARY, WILLIAM R~~
~~6312 TASMAYNE PL~~
~~ORLANDO FL 32818~~

10. Name and Address of New Registered Agent

81 Name: MCNARY, WILLIAM R
82 Street Address (P.O. Box Number is Not Acceptable): 4903 SHETLAND TRAIL
83 ~~ORLANDO~~
84 City: ORLANDO FL 85 Zip Code: 32808

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: William R McNARY pres — (NOTE: Registered Agent signature required when reinstating) — DATE: 4/26/97

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ Change ☐ Addition
NAME	MCNARY, WILLIAM R.	
STREET ADDRESS	6239 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
☐ DELETE		
TITLE	DVP	☐ Change ☐ Addition
NAME	MCNARY, PATRICIA G	
STREET ADDRESS	6239 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL	
☐ DELETE		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
☐ DELETE		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
☐ DELETE		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
☐ DELETE		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
☐ DELETE		

CR2E034 (9/96)

14. I do 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 added [illegible]

SIGNATURE: William R. McNary — 4/26/97 — 407.331.7609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR [illegible] — Date — Daytime Phone #