

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:18

DOCUMENT # S82863 (9)

1. Corporation Name

MC - MASTER CRAFT OF FLORIDA, INC.

Principal Place of Business

1051 SEAFAN CIR
NORTH FT MYERS FL 33903

Mailing Address

1851 SEAFAN CIR
NORTH FT MYERS FL 33903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/25/1991

3a. Date of Last Report

07/14/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FEI Number

65-0285203

Applied For

Not Applicable

22

City & State

27

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Country

25

29

Country

30

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNAMARA, JAMES R.
1851 SEAFAN CIR
NORTH FT MYERS FL 33903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
MCNAMARA, JAMES R.
1851 SEAFAN CIR
NORTH FT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV
MCNAMARA, JAMES R.
1851 SEAFAN CIRCLE
NORTH FORT MYES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DT
MCNAMARA, ROSE
1851 SEAFAN CIR
NORTH FT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS
MCNAMARA, JAMES R.
1851 SEAFAN CIRCLE
NORTH FORT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

JAMES R.
MCNAMARA

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95

813 -

656-5048