

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 182196 (6)

1. Corporation Name

THE O'LEARY COMPANY

Principal Place of Business

725 PENINSULAR PLACE
P.O. BOX 2909
JACKSONVILLE FL 32204

Mailing Address

725 PENINSULAR PLACE
P.O. BOX 2909
JACKSONVILLE FL 32204



2. Principal Place of Business

21 725 Peninsular Place

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2909

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/20/1954

3a. Date of Last Report

02/09/1995

4. FEI Number

59-0729407

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

22 City & State

23 Jacksonville FL

24 Zip

32204

25 Country

27 City & State

28 Jacksonville FL

29 Zip

32203-2909

30 Country

9. Name and Address of Current Registered Agent

O'LEARY, DANIEL C. III
725 PENINSULAR PLACE
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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

Daniel C. O'Leary, III

Daniel C. O'Leary, III

01/23/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME OLEARY, DANIEL C. III
STREET ADDRESS 4333 SWEET GUM LANE
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE STD ☒ DELETE

NAME COLEMAN, LESLIE R.
STREET ADDRESS 2815 ALGONQUIN AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE

NAME OLEARY, BRIAN P.
STREET ADDRESS 4317 GALILEO AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C, D, T ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(3)(k), 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:

Daniel C. O'Leary, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel C. O'Leary, III

01/23/96

Date

(904) 354-7711

Daytime Phone #

CR2E034 (12/95)