SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 13 AM 9:43

DOCUMENT # **J82016** **(3)**

1. Corporation Name
CATHERINE A. MOYNIHAN REALTY, INC.

Principal Place of Business	Mailing Address
% CATHERINE A. MOYNIHAN 5263 OCEAN BLVD., STE. 10 SARASOTA FL 34242 US	% CATHERINE A. MOYNIHAN 5263 OCEAN BLVD., STE. 10 SARASOTA FL 34242 US

DO NOT WRITE IN THIS SPACE

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 (24) / County (25)	Zip (29) / County (30)

3. Date Incorporated or Qualified: 07/10/1987
3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0013248 ☐ 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 is a holding 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
MOYNIHAN, CATHERINE A. 5263 OCEAN BLVD. STE. 10 SARASOTA FL 34242	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 _____ DATE
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	DP	11 TITLE	☐ Change ☐ Addition
NAME	MOYNIHAN, CATHERINE A.	12 NAME	
STREET ADDRESS	5263 OCEAN BLVD., STE. 10	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	STV	21 TITLE	☐ Change ☐ Addition
NAME	MOYNIHAN, JAMES A.	22 NAME	
STREET ADDRESS	5263 OCEAN BLVD., STE. 10	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MOYNIHAN, JAMES A.	32 NAME	
STREET ADDRESS	5263 OCEAN BLVD., STE. 10	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	BAKER, RICHARD D.	42 NAME	
STREET ADDRESS	5263 OCEAN BLVD., STE. 10	43 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	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	

CR2E034 (3/95)

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: Catherine A. Moynihan, D.P. 6/9/95 941-349-7695
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

CATHERINE A. MOYNIHAN, DP

0111370 CP