

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/95--01079--002
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L90865 (1)
1. Corporation Name
MIKE MCGONIGLE, INC.

Principal Place of Business Mailing Address
49 ZAMORA ST. 49 ZAMORA ST.
ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085

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

3. Date Incorporated or Qualified 3a. Date of Last Report
07/30/1990 04/25/1994
4. FEI Number Applied For
59-3139060 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.039,
Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent
MCGONIGLE, W. MICHAEL
49 ZAMORA ST.
ST. AUGUSTINE FL 32084

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: *W. Michael McGonigle* (PRES) *W. Michael McGonigle* 4-3-95
Signature of person appointed registered agent and the corporation's registered agent after recording.

12. OFFICERS AND DIRECTORS
1. TITLE D
2. NAME MCGONIGLE, W. MICHAEL
3. STREET ADDRESS 49 ZAMORA ST.
4. CITY, ST., ZIP ST. AUGUSTINE FL

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
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 119.07(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: *W. Michael McGonigle* (PRES) 4-3-95 904 R25-1571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Expiration Period