

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000018333 (3)**

1. Corporation Name

DELAHANTY INVESTMENTS, INC.



Principal Place of Business

**1575 PARKWOOD STREET
JACKSONVILLE FL 32207**

Mailing Address

**1575 PARKWOOD STREET
JACKSONVILLE FL 32207**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip County

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip County

9. Name and Address of Current Registered Agent

**DELAHANTY, THOMAS J
1575 PARKWOOD ST
JACKSONVILLE FL 32257**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
03/08/1993

3a. Date of Last Report
04/27/1995

4. FFI Number

59-3177379

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. 190.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.04(2) 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, thereby to accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.04(2), Florida Statutes.

SIGNATURE

Signature of person making this statement

Signature of registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P DELAHANTY, THOMAS J**
STREET ADDRESS **1575 PARKWOOD ST**
CITY-STATE-ZIP **JACKSONVILLE FL 32207**

TITLE DELETE
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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

904/280-2222

CR2E034 (12/95)