

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 08 1996 8:00 am
Secretary of State

DOCUMENT # P93000019075 (9)

1. Corporation Name

MONAHAN MANAGEMENT COMPANY



Principal Place of Business: **419 ANASTASIS BLVD. ST. AUGUSTINE FL 32084**
Mailing Address: **419 ANASTASIS BLVD. ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified: **03/08/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3207509**
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

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

9. Name and Address of Current Registered Agent

**GAMSEY, DAVID S.
1778 AVENUE
JACKSONVILLE FL 32210**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MONAHAN, CLARK V	
STREET ADDRESS	419 ANASTASIA BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONAHAN, BONNIE K	
STREET ADDRESS	419 ANASTASIA BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie K. Monahan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/96 904-824-8353
DATE TIME PHONE #

CR2E034 (3/96)