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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V52233

1. Corporation Name
JACK COLGAN & ASSOCIATES, INC.



Principal Place of Business: 2098 SWAN LANE, SAFETY HARBOR FL 34695
Mailing Address: 2098 SWAN LANE, SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1992
4. FEI Number: 59-3130516
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: 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

COLGAN, JACK
2098 SWAN LANE
SAFETY HARBOR FL 34695

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE: PTD COLGAN, JACK
1.2 NAME: COLGAN, JACK
1.3 STREET ADDRESS: 2098 SWAN LANE
1.4 CITY-ST-ZIP: SAFETY HARBOR FL
2.1 TITLE: VSD COLGAN, WANDA
2.2 NAME: COLGAN, WANDA
2.3 STREET ADDRESS: 2098 SWAN LANE
2.4 CITY-ST-ZIP: SAFETY HARBOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: JACK COLGAN 4-20-99 727-725-5182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)