

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:00

DOCUMENT # 238088

(9)

1. Corporation Name

IRGINCO, INC.

Principal Place of Business

3514 BROADWAY
WEST PALM BEACH FL 33401
US

Mailing Address

240 MIRAFLORES DR
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1960

3a. Date of Last Report

01/24/1994

4. FEI Number

59-6074691

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. 198 (13),
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

COONEY, ROSEMARY
240 MIRAFLORES DR
PALM BEACH FL 33480

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

Rosemary Cooney

Rosemary Cooney S/T

1-10-95

Signature, typed or printed name of registered agent and fee if applicable

(607) Registered Agent signature required when resubscribing

Date

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

COONEY, JOHN F.

STREET ADDRESS

495 NORTH LAKE WAY

CITY, ST, ZIP

PALM BEACH FL

TITLE

VD

NAME

HAYSUP, ANN

STREET ADDRESS

157 OCEAN PINES TERR.

CITY, ST, ZIP

JUPITER FL

TITLE

STD

NAME

COONEY, ROSEMARY

STREET ADDRESS

240 MIRAFLORES

CITY, ST, ZIP

PALM BEACH FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 198 (12)(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 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 my address.

SIGNATURE:

Rosemary Cooney Rosemary Cooney

1-10-95

407-684-2000

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR