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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:30

DOCUMENT # 310375 (1)

1. Corporation Name
CORRIGAN & COMPANY

Principal Place of Business
119 SEWALD STREET
JACKSONVILLE FL 32204

Mailing Address
119 SEWALD STREET
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1966
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1153487 ☐ 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 ___ 2a. Mailing Address 26 ___
Suite, Apt. #, etc. 22 ___ Suite, Apt. #, etc. 27 ___
City & State 23 ___ City & State 28 ___
Zip 24 ___ Country 25 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent
CAROLINE S.CORRIGAN
119 SEWALD STREET
JACKSONVILLE FL 32204

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☒ Addition
NAME	CORRIGAN,MICHAEL L	1 2 NAME	
STREET ADDRESS	1464 AVONDALE AVE	1 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	1 4 CITY ST ZIP	32205
TITLE	VD	2 1 TITLE	☒ Change ☒ Addition
NAME	CORRIGAN, MICHAEL L., JR	2 2 NAME	
STREET ADDRESS	1444 TALBOT AVENUE	2 3 STREET ADDRESS	1464 Avondale Ave
CITY ST ZIP	JACKSONVILLE FL	2 4 CITY ST ZIP	32205
TITLE	SD	3 1 TITLE	☐ Change ☒ Addition
NAME	CORRIGAN,CAROLINE S	3 2 NAME	
STREET ADDRESS	1451 AVONDALE AVE.	3 3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	3 4 CITY ST ZIP	32205
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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)(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.

SIGNATURE: [signature] 1/10/95 904 353-5936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014816 CP