FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

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CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 310375

(1)

| CORR | igan & C | COMPANY | | | | | | | | | | | | | |
|--|------------------------|--|----------------------------|---------------------|--------------------------------------|---------|--|-----------------------------|--|----------------------------------|--------------------------------|-----------------------------------|-----------------------------|--------------|--|
| Principal Plac | ce of Busines | s | Mailing A | ddress | | | | | | 1 20188 (1 25 | II BILL BIBIL BI J | IL MINITE ALBEIT (A |) | | |
| 119 SEWALD STREET JACKSONVILLE FL 32204 119 SEWALD STREET JACKSONVILLE FL 32204 | | | | | | | | | | | | | | | |
| | | | | | | | | <u></u> | | DO NOT WRI | | SPACE | | _ | |
| | | | | | | | | | Date Incorporate 10/26/1966 | of Qualified | d | | | | |
| 2. Principal f | Place of Busi | ness | | 2a. Mailing Address | | | | 4 . f | 4. FEI Number | | | | oplied For | _ | |
| 21 | | | | 26 | | | | | | | | | ot Applicable | 긔 | |
| Suite, Apt. | | | 27 | 1=: | | | | 5, (| Certificate of Sta | tus Desired | | \$8.75 Additional Fee Required | | | |
| City & Sta | te | | City & 28 | | | | 6. Election Campaign Financing Trust Fund Contribution | | | ū | \$5.00 May Be Added to Fees | | | | |
| Zip 24 | | Country 25 | Zip | ¬ ' | | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | | | |
| | 9, Name | and Address of Curre | | | 10. Name and Address of New Register | | | | | Agent | | コ | | | |
| C | AROLINE S | .CORRIGAN | | | | 81 | Name | | | , | | | | | |
| 119 SEWALD STREET | | | | | | B2 | Street A | ddress (P. | D. Box Number i | s Not Accept | table) | | | - | |
| JACKSONVILLE FL 32204 | | | | | | | | | | | | | | | |
| | | | | | | 83 | | | | | | | | | |
| | | | | | | 84 | City | | | | FL | 85 Zip | Code | 1 | |
| office or | regi ster ed ag | sions of Sections 607.06 gent, or both, in the Stati ith, and accept the oblig | o of Florida. Suc | h change was a | authorize | d by ti | named c | corporation oration's bo | submits this sta eard of directors. | tement for the I hereby acc | e purpose o | changing i ointment as | ts registered registered | 7 | |
| SIGNATURE | | | | | | | | | | | · | | | | |
| 12. | Signature, typed | or printed name of registered at | jent and title if applicat | ble. (NOT | E: Registered | Agent | signature re | equired when re | BINSTATING) DDITIONS/CHAN | ICEO TO CE | DATE | DIDECTOR | C IN 10 | ⊣ ը | |
| TITLE | TPD | OFFICERS AF | DIRECTORS | DELETE | 1.1 16 | TI F | | AL | JUITIONS/CHAP | IGES TO OFF | TICENS AND | Change | 7 Addition | ,- <u>₹</u> | |
| NAME | | GAN,MICHAEL L | | | 1.2 N/ | | 1 | | | | | ₹ | 4- | | |
| STREET ADDRESS | | VONDALE AVE | | | 1 | REET AD | INRESS | 1451 | Avoudal | E AVE. | | | | 8 | |
| City-ST-ZIP | | ONVILLE FL | | | | | CITY-ST-ZIP | | | | 32205 | | | Į | |
| TITLE | VD | | | | 2.1 THTLE | | | | · | | | Change | ✓ Addition | 75 | |
| NAME | CORRIG | gan, Michael I., Jf | ₹ | | 2.2 N/ | ME | | | | | | | | | |
| STREET ADDRESS | 1464 A | VONDALE AV | | 2.3 \$ | | | ORESS | | | | | | | | |
| CITY-ST-ZIP | JACKS | onville fl | | | 2.4 C | ITY-ST- | ZIP | | | | 32205 | • | | | |
| TITLE | \$D | | | DELETE | 31 111 | TLE | 7 | | | | | Change | Addition Addition | ٦, | |
| NAME | | GAN, CAROLINE S | | 3.2 N | | ME | | | | | | | | | |
| STREET ADDRESS | | VONDALE AVE. | | 3.3 \$ | | | TREET ADDRESS | | | | | _ | | | |
| CITY-ST-ZIP | JACKS | ONVILLE FL | | | | TY-ST | ZIP | | | | 3220 | | | ╛ | |
| TITLE | | | | DELETE | 4.1 10 | | | | | | | Change | Addition | | |
| NAME | ļ | | | | 4. 2 N | | ļ | | | | | | | | |
| PERCENT APPRECA | 1 | | | | 4007 | OCCT AD | ppcce I | | | | | | | - 1 | |

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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 THLE

6.2 NAME

DELETE

DELETE

4/10/00

Change

Change

Addition

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FILED

Apr 17 1998 8:00am

Secretary of State