

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90024 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **310375**  
 1. Corporation Name  
**CORRIGAN & COMPANY**

Principal Place of Business Mailing Address  
**119 SEWALD STREET 119 SEWALD STREET**  
**JACKSONVILLE FL 32204 JACKSONVILLE FL 32204**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/26/1966**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-1153487</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CAROLINE S. CORRIGAN</b> <b>119 SEWALD STREET</b> <b>JACKSONVILLE FL 32204</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C.E.O.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRIGAN, MICHAEL L</b>	1.2 NAME	
STREET ADDRESS	<b>1451 AVONDALE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	1.4 CITY-ST-ZIP	
TITLE	<b>JD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRIGAN, MICHAEL L., JR</b>	2.2 NAME	
STREET ADDRESS	<b>1464 AVONDALE AV</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRIGAN, CAROLINE S</b>	3.2 NAME	
STREET ADDRESS	<b>1451 AVONDALE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Michael L. Corrigan* **SIGNATURE REQUIRED** 7/21/99 904:353-5936

CR2E034 (5/99)

**NU-TREND**  
Container

A Corrigan Company

Everything we manufacture is 100% recyclable 

596549-90024-36

310375

July 21, 1999

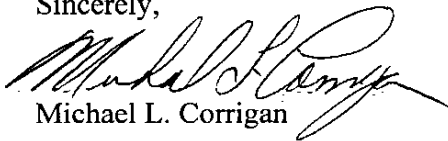
Florida Dept. of State  
Profit Corporation Annual Reports  
P.O. Box 6327  
Tallahassee, FL 32314

Good morning;

As discussed on the phone this morning, we recently received a "2<sup>nd</sup> Notice" for the Annual Corporate Report. This surprised us since we had no memory of receiving the original reporting form. This was confirmed after several people searched of our files and found no 1999 report form.

Our history with your office will show that we have always filed on time and with this in mind we request you accept the enclosed report, without fine, as our current filing the *Profit Corporation Annual Report*.

Sincerely,

  
Michael L. Corrigan

Corrigan & Company, Inc.

119 Sewald St. at Swan St. • P.O. Box 2883 • Jacksonville, FL 32203-2883 • (904) 353-5936 • FAX (904) 353-2035