

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **336386**

(8)

1. Corporation Name
O'BRIEN ENTERPRISES, INC.



Principal Place of Business

~~3434 8TH AVENUE NO~~
~~ST PETERSBURG FL 33718~~
US

Mailing Address

7995 BOGIE AVE N
ST PETERSBURG FL 33710
US

2. Principal Place of Business
21 **7995 BOGIE AVE NO**
Suite, Apt. #, etc.
22
City & State
23 **ST PETERSBURG, FL**
City Country
24 **33710** 25 **FLORIDA**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
City Country
29
Zip Country
30

3. Date Incorporated or Qualified **10/14/1968** 3a. Date of Last Report **03/20/1995**
4. FEI Number **59-1226669** 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

9. Name and Address of Current Registered Agent

O BRIEN, MILDRED P
7995 BOGIE AVENUE NORTH
ST PETERSBURG FL 33710

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 607.06(4) and 607.15(2), 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of the person filing this report

Signature of the registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE DELETE
NAME **PT O BRIEN, GERARD J JR.**
STREET ADDRESS **7995 BOGIE AVE. NORTH**
CITY, ST, ZIP **ST PETERSBURG FL**
2. TITLE DELETE
NAME **SD O BRIEN, MILDRED P**
STREET ADDRESS **7995 BOGIE AVE. NORTH**
CITY, ST, ZIP **ST PETERSBURG FL**
3. TITLE DELETE
NAME **VD O'BRIEN, CHRISTOPHER**
STREET ADDRESS **220 LOCUST ST #23C**
CITY, ST, ZIP **PHILADELPHIA PA**
4. TITLE DELETE
NAME **VD O'BRIEN, BARTON**
STREET ADDRESS **959 ARLINGTON RD**
CITY, ST, ZIP **REDWOOD CITY CA**
5. TITLE DELETE
NAME **SD O'BRIEN, CARLOTTA M**
STREET ADDRESS **3133 CONNECTICUT AVE NW, STE 318**
CITY, ST, ZIP **WASHINGTON DC**
6. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

CARLOTTA O'BRIEN TIGHE
P.O. BOX 598
KOLOA, HAWAII 96756

14. I do hereby certify that the information supplied with this filing is true and my furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 Book 12 or Book 12 if changed, or on an attachment with an affidavit.

SIGNATURE:

Gerard J. O'Brien President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

813-345-4884

CR2E034 (12/95)