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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 527854 (4)

1. Corporation Name

O'HAIRE, MORAN & CO., CHARTERED



Principal Place of Business

3111 CARDINAL DR.  
VERO BEACH FL 32963

Mailing Address

3111 CARDINAL DR.  
VERO BEACH FL 32963

3. Date Incorporated or Qualified

03/15/1977

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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

O'HAIRE, MICHAEL  
3103 CARDINAL DRIVE  
VERO BEACH FL 32960

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 re-registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KMETZ, MICHAEL  
STREET ADDRESS 315 10TH COURT  
CITY-ST-ZIP VERO BEACH FL

TITLE SD ☒ DELETE

NAME MORAN, JOHN D.  
STREET ADDRESS 908 SPYGLASS LN  
CITY-ST-ZIP VERO BEACH FL

TITLE PD ☐ DELETE

NAME O'HAIRE, THOMAS F.  
STREET ADDRESS 2406 CLUB DRIVE  
CITY-ST-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1421 56th St

1.4 CITY-ST-ZIP 32944

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP 32963

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS D JMW FIELD

4.4 CITY-ST-ZIP 1970 COPENHAVER RD

4.5 CITY-ST-ZIP FT. PIERCE, FL 34945

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS D SCOTT MATTALL

5.4 CITY-ST-ZIP 9031 POLM PL DR

5.5 CITY-ST-ZIP POLM BAY, FL 32905

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96

407-231-6902

Date

Daytime Phone

CR2E034 (12/95)