

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **542699** (4)

1. Corporation Name  
**JAMES T. BROGAN AND COMPANY, INC.**



Principal Place of Business  
**1579 S.W. DYER PT ROAD  
PALM CITY FL 34990**

Mailing Address  
**1579 S.W. DYER PT ROAD  
PALM CITY FL 34990**

3. Date Incorporated or Qualified **08/10/1977**      3a. Date of Last Report **05/01/1995**

4. FE Number **59-2041399**      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 Suite, Apt. #, etc.  
22 City & State  
23 Zip      25 Country

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

9. Name and Address of Current Registered Agent  
**BROGAN, JAMES T  
1579 S W DYER POINT ROAD  
PALM CITY FL 34990**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the corporation      Registered Agent Signature required when removing

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>BROGAN, MARY</b>	
STREET ADDRESS	<b>1579 SW DYER PT RD</b>	
CITY - ST - ZIP	<b>PALM CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>BROGAN, JAMES</b>	
STREET ADDRESS	<b>1579 SW DYER PT RD</b>	
CITY - ST - ZIP	<b>PALM CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>BROGAN, JAMES T., IV</b>	
STREET ADDRESS	<b>1579 S.W. DYER PT. RD.</b>	
CITY - ST - ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
2. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22. NAME			
23. STREET ADDRESS			
24. CITY - ST - ZIP			
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32. NAME			
33. STREET ADDRESS			
34. CITY - ST - ZIP			
4. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42. NAME			
43. STREET ADDRESS			
44. CITY - ST - ZIP			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52. NAME			
53. STREET ADDRESS			
54. CITY - ST - ZIP			
6. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62. NAME			
63. STREET ADDRESS			
64. 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: **Mary E. Brogan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96      (407) 283-8864  
EXPIRES PERIOD

CR2E034 (12/95)