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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 547528

1. Corporation Name

JOHN P. CONDON, CORPORATION

Principal Place of Business

BEACHFRONT CONDO
APT 305, 530 OCEAN DR
JUNO BEACH FL 33408
US

Mailing Address

P.O. BOX 2769
JUPITER FL 33468-2769
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1977

4. FEI Number

59-1891223

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 owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

530 Ocean Drive

Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

305

City & State

27. City & State

Juno Beach, FL

Zip

Country

28. Zip

Country

33408

30. Palm Beach

9. Name and Address of Current Registered Agent

CONDON, JOHN P JR
530 OCEAN DR
APT 305
JUNO BEACH FL 33408

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PTD
CONDON JR, JOHN P.
BOX 2769 N/A
JUPITER FL 33468

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
CONDON, PETER J.
125 NE MUNROE CIR N
ST. PETERSBURG FL 33702

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
CONDON, CHRISTINE A
6221 N DALE MABRY, APT 2310
TAMPA FL 33614

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
CONDON, CHRISTA M
BOX 2769 N/A
JUPITER FL 33468

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *John P. Condon Jr.* 1/14/99 561-624-3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)