

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:03

DOCUMENT # 594449

(1)

1. Corporation Name

FALLON INTERNATIONAL CORPORATION

Principal Place of Business

9111 LAZY LANE
P.O. BOX 272116
TAMPA FL 33688-2116

Mailing Address

9111 LAZY LANE
P.O. BOX 272116
TAMPA FL 33688-2116

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/28/1978

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2009940

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$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 9111 Lazy Lane
Tampa, Florida 33614

2a. Mailing Address

26 P.O. Box 260084
Suite, Apt. #, etc.

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

Zip

24 33614

Country

25 Hillsborough

Zip

29 33685-0084

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

REGISTERED CORPORATE AGENTS, INC.
612 S. GREENWOOD AVE
CLEARWATER FL 34616

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME FALLON, MICHAEL F.
STREET ADDRESS P.O. BOX 15711, 9111 LAZY LANE 33614
CITY-ST-ZIP TAMPA FL 33684

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME FALLON, MICHAEL F.
1.3 STREET ADDRESS P.O. Box 260084 -9111 LAZY LANE
1.4 CITY-ST-ZIP Tampa, Florida 33685-0084

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 110.07(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:

Michael F. Fallon

02/17/95

813-274-4907