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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **601867** **(5)**

1. Corporation Name

**MOYLE, FLANIGAN, KATZ, FITZGERALD & SHEEHAN, P.A**

| Principal Place of Business | Mailing Address |
|---|---|
| 625 N. FLAGLER DR. 9TH FL.<br>P.O. BOX 3888<br>WEST PALM BEACH FL 33401 | 625 N. FLAGLER DR. 9TH FL.<br>P.O. BOX 3888<br>WEST PALM BEACH FL 33401 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/02/1970
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-1304995 ☐ 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

**FLANIGAN, JOHN F.**
**436 OYSTER ROAD**
**N. PALM 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 **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 title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOYLE, JON C | 1.2 NAME | |
| STREET ADDRESS | 231 COMMODORE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JUPITER, FL 33477 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | FITZGERALD, E COLE, III | 2.2 NAME | |
| STREET ADDRESS | 6917 S FLAGLER DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BCH FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | KATZ, MARTIN | 3.2 NAME | |
| STREET ADDRESS | 7267 PIONEER ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL00000 | 3.4 CITY-ST-ZIP | |
| TITLE | VST | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | FLANIGAN, JOHN F | 4.2 NAME | |
| STREET ADDRESS | 436 OYSTER ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH PALM BCH, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHEEHAN, THOMAS A., III | 5.2 NAME | |
| STREET ADDRESS | 54 OLD BRIDGE ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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.

**SIGNATURE:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0941647 CP