Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90258 011 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 616627

Corporation FLANAGA	AN HOMES, INC.							
Principal Place of Business Mailing Address						- I tablid but you guil but her ran aran		
13801 OLD DIXIE HWY 13801 OLD DIXIE HWY						,		
PO BOX 5126 PO BOX 5126						SO NOT WEST IN THE	00405	
HUDSON FL 34674 HUDSON FL 34674						DO NOT WRITE IN THIS	SPACE	
						3. Date incorporated or Qualifed 04/05/1979		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
26						59-1908226		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22		27				0. 001110110 01 0111110 1001100	Fee:R	equired ====================================
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23	28			Trust Fund Contribution		Trust Fund Contribution	Added to Fees	
Zip				ıntry		8. This corporation owes the current year In		F71.
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Registered	Agent	
CI AR	MACAN MICHAEL D			81	Name			
FLANAGAN, MICHAEL P				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	·	
13913 MURIEL AVE.								
HUU	SON FL 34667			83				
				84	City		85 Zip	Code
!						Fl	- .	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	if Florida. Such change was a	uthorize	d by i	the corporation	oration submits this statement for the purpose on n's board of directors. I hereby accept the appo	f changing its intment as re	egistered g
SIGNATURE	Signature, typed or printed name of registered agent	and title if poplicable (NOTE	E: Registerer	Agen	it signature required	when reinstating) DATE		i
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE				TLE			☐ Change	☐ Addition
NAME ¹ .	FLANAGAN, MICHAEL P		1.2 N	AME				
	40040 MUDIEL AVE				ADDRESS			(
STREET ADDRESS	LINDOON EL COCCO			MY-S1]
CITY-ST-ZIP	11000011, 12 00000	☐ DELETE	2.1 T		1*211		Change	Addition
TITLE		المالية المالية	2.1 N				-	_
NAME		•			. 40000000	•		
STREET ADDRESS	 				ADDRESS			
CITY-ST-ZIP		☐ DELETE	_		T-ZIP		Change	Addition
TITLE		□ nerete	3.1 ∏					
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP	COLUMN TO THE PROPERTY OF THE	Change	☐ Addition
TITLE		DELETE	4.1 T				☐ Change	
NAME				AME				•
STREET ADDRESS			4.3 \$	TREET	ADDRESS			[
City-St-ZiP				ITY-SI	T-ZIP	and the state of t	D 0'	1 a 1 (a)
TITLE	İ	☐ DELETE	5.1 T			•	Change	☐ Addition
NAME	İ		5.2 N					
STREET ADDRESS			5.3 S	TREET	ADDRESS			[
CITY-ST-ZIP				ITY-S1	T-ZiP			
TITLE		☐ DELETE	6.1 T	MLE			☐ Change	[Addition

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 open attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS