

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:34

DOCUMENT # F13806

(7)

1. Corporation Name

FLANIGAN REALTY, INC.

Principal Place of Business

417 ST LUCIA CT  
SATELLITE BCH FL 32937  
US

Mailing Address

PO BOX 372403  
SATELLITE BCH FL 32937  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/07/1981

3a. Date of Last Report  
01/13/1994

4. FEI Number  
37-0997077

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. State, Apt. # etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. # etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

FLANIGAN, WALTER J  
417 ST LUCIA COURT  
SATELLITE BEACH FL

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 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

(Signature of Officer or Director, or Registered Agent, or Secretary)

(Signature of Registered Agent, if required after incorporation)

(Date)

12. OFFICERS AND DIRECTORS

|                    |                          |
|--------------------|--------------------------|
| 1. NAME            | PD<br>FLANIGAN, WALTER J |
| 2. STREET ADDRESS  | 417 ST LUCIA COURT       |
| 3. CITY & STATE    | SATELLITE BCH FL         |
| 4. ZIP             | STD                      |
| 5. NAME            | FLANIGAN, BIRTHIE W      |
| 6. STREET ADDRESS  | 417 ST LUCIA COURT       |
| 7. CITY & STATE    | SATELLITE BCH FL         |
| 8. ZIP             |                          |
| 9. NAME            |                          |
| 10. STREET ADDRESS |                          |
| 11. CITY & STATE   |                          |
| 12. ZIP            |                          |
| 13. NAME           |                          |
| 14. STREET ADDRESS |                          |
| 15. CITY & STATE   |                          |
| 16. ZIP            |                          |
| 17. NAME           |                          |
| 18. STREET ADDRESS |                          |
| 19. CITY & STATE   |                          |
| 20. ZIP            |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY & STATE    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME            |                                                                   |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME            |                                                                   |
| 9. NAME            |                                                                   |
| 10. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. NAME           |                                                                   |
| 12. NAME           |                                                                   |
| 13. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. NAME           |                                                                   |
| 16. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. NAME           |                                                                   |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME           |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 199.032, Florida Statutes. I affirm that the information included 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. If there are additions or deletions to the corporation or the removal or transfer of officers or directors, this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or in Block 13 if changed, or is accompanied with an address.

SIGNATURE:

*Walter J Flanagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/95

407-473-5206