FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000005308 (0)**

1. Corporation Name

CORCORAN JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
100 GRANVIEW ROAD. SUITE 207 BRAINTREE MA 02184	100 GRANVIEW ROAD. SUITE 207 BRAINTREE MA 02184

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

3. Date Incorporated or Qualified: **10/31/1995**
3a. Date of Last Report:
4. FEI Number: **04-3266443** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HIGH, RICHARD J		12 NAME	
STREET ADDRESS	212 BOLTEN ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	HARVARD MA 01451		14 CITY-ST-ZIP	
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	EACOBACCI, ROSEMARY		22 NAME	
STREET ADDRESS	995 SOUTHERN ARTERY, APT. #208		23 STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169		24 CITY-ST-ZIP	
TITLE	T	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MURPHY, LAWRENCE J		32 NAME	
STREET ADDRESS	21 HERITAGE ROAD		33 STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02169		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	CORCORAN, JOHN M		42 NAME	
STREET ADDRESS	90 CHURCH HILLS LANE		43 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA 02186		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	CORCORAN, P L		52 NAME	
STREET ADDRESS	790 BOYLSTON STREET		53 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02199		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

FLORIDA DEPARTMENT OF STATE
-03/26/96- 01152- 030
**200.00

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 added to an attachment with an address.

SIGNATURE: _____ 3/26/96 617-849-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)