

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005308 (0)**

1. Corporation Name

CORCORAN JACKSONVILLE, INC.

Principal Place of Business

**100 GRANVIEW ROAD, SUITE 207
BRAINTREE MA 02184**

Mailing Address

**100 GRANVIEW ROAD, SUITE 207
BRAINTREE MA 02184**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD

**HIGH, RICHARD J
212 BOLTON ROAD
HARVARD MA 01451**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

**EACOBACCI, ROSEMARY
905 SOUTHERN ARTERY, APT. #208
QUINCY MA 02169**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T

**MURPHY, LAWRENCE J
21 HERITAGE ROAD
QUINCY MA 02169**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**CORCORAN, JOHN M
90 CHURCH HILLS LANE
MILTON MA 02186**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

**CORCORAN, P L
780 BOYLSTON STREET
BOSTON MA 02199**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE

[Signature]

[Signature]

201 814-0011

CR2E034 (10/97)