

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90009 020 ***550.00

0124383

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005308 ✓

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 the current year
Intangible Personal Property.

☐

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HIGH, RICHARD J**
STREET ADDRESS **212 BOLTON ROAD**
CITY-ST-ZIP **HARVARD MA 01451**

TITLE **S** ☒ DELETE
NAME **EACOBACCI, ROSEMARY**
STREET ADDRESS **995 SOUTHERN ARTERY, APT. #208**
CITY-ST-ZIP **QUINCY MA 02169**

TITLE **T** ☐ DELETE
NAME **MURPHY, LAWRENCE J**
STREET ADDRESS **21 HERITAGE ROAD**
CITY-ST-ZIP **QUINCY MA 02169**

TITLE **D** ☐ DELETE
NAME **CORCORAN, JOHN M**
STREET ADDRESS **90 CHURCH HILLS LANE**
CITY-ST-ZIP **MILTON MA 02186**

TITLE **D** ☐ DELETE
NAME **DORCORAN, P LEO**
STREET ADDRESS **100 GRANVIEW ROAD**
CITY-ST-ZIP **BRAINTREE MA 02184**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **T/S**
3.3 STREET ADDRESS **MURPHY, LAWRENCE J.**
3.4 CITY-ST-ZIP **21 HERITAGE ROAD**
QUINCY, MA 02169

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **CORCORAN, P. LEO**
5.4 CITY-ST-ZIP **100 GRANVIEW ROAD**
BRAINTREE, MA 02184

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/27/99

781-849-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)