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 # **F9800000060**1. Corporation Name

T.J. CARRIGAN & COMPANY, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90010 012 ***150.00



Principal Place	of Business	Mailing Address							
8668 PARK ROA	ND SUITE A	8668 PARK ROAD SUITE A				•			
SEMINOLE FL 3	3777	SEMINOLE FL 33777	SEMINOLE FL 33777			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qua		7.02		
					01/06/1998				
2 Principal Pl	ace of Rusiness	2a. Mailing Address			4. FEI Number		App	lied For	
2. Principal Place of Business 21. 8802 Rocky CReek On 26. 8802 Rocky C			reck DA		58-2323488		Not	Applicable	
Suite, Apt.			Suite, Apt. #, etc.		5. Certificate of Status Desire		8.75 A	ditional	
22 8			27 8			ed	Fee Req	uired	
City & State	9 _	City & State				cing _	\$5.00 N	/lay Be	
23 TAM	PA. FL	28 TAMPA /2	28 TAMPA 12			Trust Fund Contribution Added to Fees			
Zip	Country	Zip = 7	Country		8. This corporation owes the			_	
24 3 3 -1	6/5 [25]	29 33615 30			Personal Property Tax.			25No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of N	lew Registered Ag	ent		
0.456	DIGAN THOMAS		81 N	lame	MIS TO CARN	16AN		1	
CARRIGAN, THOMAS J				treet Addre	ess (P.O. Box Number is Not Ac	ceptable)	0		
8668 PARK BLVD STE A				880	12 Rocky Check	ON SUITE	<u>-y</u>		
SEMINOLE FL 33777					/				
			84 C	ity			85 Zip C	ode .	
		_		7/1	MPA,	FL	53	6/1	
11. Pursuant	to the provisions of Sections 607.	0562 and 607.1508, Florida Statutes,	the above-na	amed corpo	pration submits this statement for	r the purpose of cha	anging its r	egistered istered	
office or re	egistered agent of both, in the Sta ru familiar with, and accept the ob	de of Florida. Such change was auth gations of, Section 607.0505, Florida	Statutes.	corporation	it's board of directors. I fieldby		ont do rog	,0.0.00	
SIGNATURE	/ homes 4.	(allea)				3-4-99	;· ·		
SIGNATURE	Signature, typed or printed name of registered		gistered Agent sign	nature required		DATE			
12.		AND DIRECTORS	13.	150	ADDITIONS/CHANGES TO		Change	Addition	
TITLE	P '	✓ □ DELETE	1.1 TITLE	P	addica) Thomas		Condingo		
NAME	CARRIGAN, THOMAS J		1.2 NAME	6/	ARRIGAN THOMAS 1043 MAKSH 17	Law Du.		ŀ	
STREET ADDRESS	7807 N. ROME AVENUE		1.3 STREET ADD	DRESS Z	1043 MAKSIT I	5 24 28			
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CITY-ST-ZIP		F-1	5.4 CITY-ST-ZIF	<u> </u>			7.Channa	□ Addition	
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NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADI	l					
CITY-ST-ZIP			6.4 CITY-ST-ZIF	P					

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 sylpplemental 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 trusted 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP