

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 # **G27031** (5)

1. Corporation Name
ST. JUDE, INC.



Principal Place of Business
**% THOMAS L. O'HAGAN
370 NW 39 ST.
POMPANO BCH. FL 33064**

Mailing Address
**% THOMAS L. O'HAGAN
370 NW 39 ST.
POMPANO BCH. FL 33064**

3. Date Incorporated or Qualified
03/09/1983

3a. Date of Last Report
04/19/1995

4. FEI Number
59-2601024

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**O'HAGAN, THOMAS L.
370 NW 39 ST.
POMPANO BCH. FL 33064**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	O'HAGAN, THOMAS L.	1.2 NAME	
STREET ADDRESS	370 NW 39 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	STD
NAME	O'HAGAN, MICHAEL J.	2.2 NAME	Harry Gold
STREET ADDRESS	#304, 607 S. RICHEY	2.3 STREET ADDRESS	1136 W Jefferson (Suite 159)
CITY-ST-ZIP	PASADENA TX	2.4 CITY-ST-ZIP	Springfield, IL 62702
TITLE	STD	3.1 TITLE	VD
NAME	FARR, JAMES	3.2 NAME	Farr, James
STREET ADDRESS	720 E ST JOSEPH ST	3.3 STREET ADDRESS	701 W Chestnut St
CITY-ST-ZIP	SPRINGFIELD, ILL 00000	3.4 CITY-ST-ZIP	Mason City, IL 62664
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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, changed or not, in attachment with an address.

SIGNATURE:

Thomas L. O'Hagan
Thomas L. O'Hagan, President

Date

Daytime Phone #

CR2E034 (12/95)