

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 MAY -1 AM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J16206** (1)
1. Corporation Name
MCCOLGAN & COMPANY OF FLORIDA

Principal Place of Business Mailing Address
**6315 PRESIDENTIAL COURT, SUITE F
FT. MYERS FL 33919** **6315 PRESIDENTIAL COURT, SUITE F
FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 6719 Winkler Road	26 6719 Winkler Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 200	27 Suite 200
City & State	City & State
23 Ft. Myers, FL	28 Ft. Myers, FL
Zip	Zip
24 33919	29 33919
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
05/27/1986	08/04/1994
4. FEI Number	Applied For
59-2694756	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOOREY, THOMAS E
1430 ROYAL PALM SQUARE BLVD
SUITE 105
FT. MYERS FL 33919**

10. Name and Address of Now 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLGAN, BRIAN F.	1.2 NAME	
STREET ADDRESS	6315 PRESIDENTIAL CT # F	1.3 STREET ADDRESS	6719 Winkler Road, Suite 200
CITY - ST - ZIP	FORT MYERS FL	1.4 CITY - ST - ZIP	Ft. Myers, FL 33919
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 if changed, or on my attachment with an address.

SIGNATURE:  DATE: 4/25/95 (813) 482-4433
 Brian F. McColgan (Signature Printed Name) (Signature Printed Name)