# 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 # **J26094** **(9)**

1. Corporation Name

**HORGAN & HORGAN, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % ROSE MARIE HORGAN<br>7524 WAUNATTA CT<br>WINTER PARK FL 32792-5922 | % ROSE MARIE HORGAN<br>7524 WAUNATTA CT<br>WINTER PARK FL 32792-5922 |

3. Date Incorporated or Qualified: **07/28/1986**
3a. Date of Last Report: **08/04/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2692934** ☐ 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

9. Name and Address of Current Registered Agent

**HORGAN, ROSE MARIE**
**860 WOLFBROOKE CT.**
**WINTER PARK FL 32792**

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 Section(s) 607.0505 and 607.1505, 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 that position, Section 607.0505, Florida Statutes.

SIGNATURE: Jack Horgan JAMES HORGAN 4-16-96
SIGNATURE OF NEW REGISTERED AGENT, IF CHANGING — TYPED OR PRINTED NAME OF NEW REGISTERED AGENT — DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PS | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HORGAN, JAMES P. | | 12 NAME | |
| STREET ADDRESS | 5087 PARKRIDGE CT. | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | | 14 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | HORGAN, JAMES P. | | 22 NAME | |
| STREET ADDRESS | 5087 PARKRIDGE CT. | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | OVIEDO FL | | 24 CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | HORGAN, ROSE | | 32 NAME | |
| STREET ADDRESS | 860 WOLFBROOKE CT. | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | | 34 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this report is complete, true and accurate. Filing of this report is voluntary, however, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 with an address.

**SIGNATURE:** Jack Horgan JAMES HORGAN 4-16-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (12/95)