

**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 # J85537 (5)**

1. Corporation Name

**CHRISTOPHER J. O'HALLORAN, PROFESSIONAL ASSOCIATION**



Principal Place of Business

Mailing Address

% CHRISTOPHER J. O'HALLORAN  
5 BLUEBILL AVE. #706  
NAPLES FL 33963

% CHRISTOPHER J. O'HALLORAN  
5 BLUEBILL AVE. #706  
NAPLES FL 33963

3. Date Incorporated or Qualified

**08/04/1987**

3a. Date of Last Report

**04/25/1995**

2. Principal Place of Business

2a. Mailing Address

**21 554 110TH AVE N**

**26 554 110TH AVE N**

4. FEI Number

**59-2846866**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fees 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 NAPLES FL**

**28 NAPLES FL**

Zip Country

Zip Country

**24 33963**

**25**

**29 33963**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'HALLORAN, CHRISTOPHER J.  
5 BLUEBELL AVENUE #706  
NAPLES FL 33963**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**554 110TH AVE N**

83

84 City

**NAPLES**

**FL**

85 Zip Code

**33963**

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

*Christopher J. O'Halloran*

**CHRISTOPHER J. O'HALLORAN 4-25-96**

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 ☐ DELETE

NAME **D**  
O'HALLORAN, CHRISTOPHER  
STREET ADDRESS **5 BLUEBILL AVE, #706**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **D**  
O'HALLORAN, ALDA  
STREET ADDRESS **5 BLUEBILL AVE, #706**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**554 110TH AVE N  
NAPLES FL 33963**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**554 110TH AVE N  
NAPLES FL 33963**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE: *Christopher J. O'Halloran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-96 (941) 597-4544**

Date

Daytime Phone

CR2E034 (12/95)