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 # **K60293** **(3)**

1. Corporation Name

O'CONNOR BUILDING CORPORATION

Principal Place of Business
~~14637 STARR RD SE~~
~~OLALLA WA 98359~~
1900 Rolling Green Circle
Sarasota, Fl. 34240

Mailing Address
~~14637 STARR RD SE~~
~~OLALLA WA 98359~~
1900 Rolling Green Circle
Sarasota, Fl. 34240

3. Date Incorporated or Qualified: 01/24/1989
3a. Date of Last Report: 06/09/1995

2. Principal Place of Business
21 1900 Rolling Green Circle
Suite, Apt. #, etc.
22
City & State
23 Sarasota, Fl.
Zip 24 34240
Country 25 USA

2a. Mailing Address
26 1900 Rolling Green Circle
Suite, Apt. #, etc.
27
City & State
28 Sarasota, Fl.
Zip 29 34240
Country 30 USA

4. FEI Number: 65-0101896 — 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

GODDARD, FRANK W.
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

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 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	O'CONNOR, KEVIN R.	
STREET ADDRESS	~~14637 STARR RD SE~~ 1900 Rolling Green Circle	
CITY-ST-ZIP	~~OLALLA WA~~ Sara, Fl. 34240	
TITLE	DS	☐ DELETE
NAME	O'CONNOR, SHARYL G	
STREET ADDRESS	~~14637 STARR RD SE~~ 1900 Rolling Green Circle	
CITY-ST-ZIP	~~OLALLA WA~~ Sara, Fl. 34240	
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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
5.2		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1		☐ Change ☐ Addition
6.2		
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 any address.

SIGNATURE: Sharyl O'Connor — 4/22/96 — (941) 342-9251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)