

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K88703** (9)

1. Corporation Name

**DARRELL O'NEIL ENTERPRISES, INC.**



Principal Place of Business

% DARRELL O'NEIL  
P. O. BOX 3646  
ST. AUGUSTINE FL 32085

Mailing Address

% DARRELL O'NEIL  
P. O. BOX 3646  
ST. AUGUSTINE FL 32085

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

O'NEIL, DARRELL  
4225 HIGHWAY A1A SOUTH  
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

05/17/1989

3a. Date of Last Report

02/07/1995

4. FEI Number

59-2951781

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

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 607.1504, 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 of person authorized to file this statement (not applicable)

Signature of Registered Agent (signature required when registering)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

D

☐ DELETE

2. NAME

O'NEIL, DARRELL

3. STREET ADDRESS

4225 HIGHWAY A1A SOUTH

4. CITY-STATE-ZIP

ST. AUGUSTINE FL

1. TITLE

D

☐ DELETE

2. NAME

O'NEIL, JUDY

3. STREET ADDRESS

4225 HIGHWAY A1A SOUTH

4. CITY-STATE-ZIP

ST. AUGUSTINE FL

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

☐ DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

☐ Change

☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

☐ Change

☐ Addition

2. 2. NAME

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

☐ Change

☐ Addition

3. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

☐ Change

☐ Addition

4. 4. CITY-STATE-ZIP

5. 5. TITLE

☐ Change

☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY-STATE-ZIP

☐ Change

☐ Addition

6. 6. NAME

7. 7. STREET ADDRESS

8. 8. CITY-STATE-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: *Darrell Dane O'Neil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*DARRELL DANE O'NEIL 1-23-96*

Date

Daytime Phone #

CR2E034 (12/95)