

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 # K96445 (7)

1. Corporation Name

O'BRIEN, O'BRIEN & GRAGG, INC.



Principal Place of Business

2303 N.E. 36TH AVENUE
OCALA FL 34471
US

Mailing Address

P.O. BOX 6750
OCALA FL 34478-6750
US

3. Date Incorporated or Qualified
06/19/1989

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 1553 SE Ft King St

26 PO Box 3856

4. FEI Number

59-2957234

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

O'BRIEN, RICHARD J.
1510 SE 18TH AVE
OCALA FL 34471

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

Signature typed or printed name of registered agent and the applicable fee

(NOTE: Registered Agent signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME O'BRIEN, RICHARD J
STREET ADDRESS 1510 S.E. 18TH AVENUE
CITY- ST- ZIP Ocala FL ☐ DELETE

TITLE D
NAME O'BRIEN, DENNIS E
STREET ADDRESS 4134 GULF OF MEXICO DR. SUITE 204
CITY- ST- ZIP LONGBOAT KEY FL ☐ DELETE

TITLE D
NAME GRAGG, BRUCE PHD
STREET ADDRESS 3539 FLAGLER AVE
CITY- ST- ZIP KEY WEST FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

Ocala FL 34471-4104

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

41 Sandy Cove Rd
Sarasota, FL 34242

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

Key West, FL 33040-4609

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

Display Phone #

CR2E034 (12/95)