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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 4:22

DOCUMENT # L10974 (8)

**1. Corporation Name
DANIEL A. KAVANAUGH CO.**

**Principal Place of Business
C/O DANIEL A. KAVANAUGH
2964 AVIATION AVE.
MIAMI FL 33133**

**Mailing Address
C/O DANIEL A. KAVANAUGH
2964 AVIATION AVE.
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/22/1989 3a. Date of Last Report 05/13/1994

4. FBI Number NOT APPLICABLE 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAVANAUGH, DANIEL A.
2964 AVIATION AVE.
MIAMI FL 33133**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D
NAME KAVANAUGH, DANIEL A.
STREET ADDRESS 2964 AVIATION AVE.
CITY-ST-ZIP MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

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 110.07(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:

DANIEL A. KAVANAUGH

2/1/95 305/445-5252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number