

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

55 FEB -6 PM 3:29

DOCUMENT # L33190 (4)

1. Corporation Name  
MCGUIGAN & WELSH, INC.

Principal Place of Business 19001 SAN CARLOS BLVD FT. MYERS BCH FL 33931	Mailing Address 19001 SAN CARLOS BLVD FT. MYERS BCH FL 33931
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/01/1989	3a. Date of Last Report 04/13/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0160290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC GUIGAN, MICHAEL B.  
19001 SAN CARLOS BOULEVARD  
FT. MYERS BEACH 33931

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	McGuigan, Michael B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIGAN, MICHAEL B.	1.2 NAME	
STREET ADDRESS	12191 KELLY SAND WAY1527	1.3 STREET ADDRESS	18196 Deep Passage Ln.
CITY - ST - ZIP	FT. MYERS FL	1.4 CITY - ST - ZIP	Ft. Myers Beach, FL 33931
TITLE	D	2.1 TITLE	Welsh, Andrew D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, ANDREW D.	2.2 NAME	
STREET ADDRESS	9301 CENTRAL PK DR 102	2.3 STREET ADDRESS	7801 CYPRESS LAKE DR
CITY - ST - ZIP	FT. MYERS FL	2.4 CITY - ST - ZIP	Fort Myers, FL 33919
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(b), 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: *Michael B. McGuigan*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/31/95 813 463-9127  
Date Chapter/Person #