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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L64899**

(2)

1. Corporation Name

MAHER SONS, INCORPORATED



Principal Place of Business

**C/O GEORGE C. McLARRY
301 N. FERNCREEK AVE.
ORLANDO FL 32803**

Mailing Address

**C/O GEORGE C. McLARRY
301 N. FERNCREEK AVE.
ORLANDO FL 32803**

2. Principal Place of Business

21 ~~First Street, Orlando, FL~~

State, Apt. #, etc.

22 City & State

23 ~~Orlando, FL~~

24 Zip Country

25 ~~32803~~

2a. Mailing Address

26 ~~First Street, Orlando, FL~~

27 State, Apt. #, etc.

28 City & State

29 Zip Country

30 ~~32803~~

9. Name and Address of Current Registered Agent

**McLARRY, GEORGE C.
301 N. FERNCREEK AVE.
ORLANDO FL 32803**

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 607.0702 and 607.1503, 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, the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0703, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MALL, ALFRED W.**
STREET ADDRESS **537 S.W. WOODCREEK DR.**
CITY, ST, ZIP **PALM CITY FL**

☐ DELETE

TITLE **D**
NAME **MALL, JOHN J.**
STREET ADDRESS **21 HEATHER LANE**
CITY, ST, ZIP **WARREN NJ**

☐ DELETE

TITLE **D**
NAME **MALL, OPHELIA J.**
STREET ADDRESS **21 HEATHER LANE**
CITY, ST, ZIP **WARREN NJ**

☐ 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

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 and that no agent or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

John J. Mall (JOHN J. MALL)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.9.96 1-201-326-2420

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