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CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # L/U2/2 (4) 1. Corporation Name HAROLD E. GILLIHAN, P.A.											
rincipal Place	of Business		Ма	ailing Address						VIBIL DIBIL D	1811 BESH BIBIL 1881
% HAROLD E. GILLIHAN 615 NORTH POINT DRIVE				% HAROLD E. GILL 615 NORTH POINT							
HOLMES BEACH FL 34217				HOLMES BEACH FL 34217			Date Incorporated or Qualified				
								3. Date Incorporated or Qualifi 05/02/1990	ea 38. L	04/24/1	
Principal Pla	lace of Busine	ess		Mailing Address				4. FEI Number	 		Applied For
Suite, Apt.	# etc		26	Suite, Apt. #, etc.				65-0188983		<u> </u>	Not Applicab
Stille, Apr.	#, 6to.		27	Stiffe, Apr. #, etc.				5. Certificate of Status Desired			75 Additional e Required
City & State	e			City & State				6. Election Campaign Financin	g		00 May Be
			28		<u>-</u>			Trust Fund Contribution			led to Fees
Zip L	[Country 25	200	Zip	30 Cou	intry		8. This corporation has liability Florida Statutes	for intangible Yes X No	tax under	s 199.032,
		and Address of Curr	ent Regist	tered Agent	[30]	T		10. Name and Address of Ne		d Agent	
						81	Name				
GILLIHAN, HAROLD E. 615 NORTH POINT DRIVE						Street Addr	ess (P.O. Box Number is Not Acce	ptable)			
HOLME	ES BEACH I	FL 34217				83					
						84	City		F	85	Zip Code
I. Pursuant t	to the maniel										
	to the provisi	ons of Sections 607.05	02 and 607	7.1508. Florida Stat	utes, the abo	L. L	med corpor	ation submits this statement for the	purpose of	changing it	s realsterea offi
or register	red agent, or	both, in the State of Flo	orida. Such	i change was autho	rized by the o	L. L ove-nai corpor	med corpor ation's boar	ation submits this statement for the od of directors. I hereby accept the	purpose of appointment	changing it as register	s registered offi ed agent. I am
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SIGNATURE: Hard Ebullion Have 1 & E. G. 11 in 4-21-96 941-778-2194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data Deptine Profer