

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 # **L80104** (7)

1. Corporation Name

J. M. REAGAN CORPORATION



Principal Place of Business

**% JAMES M. REAGAN
1732 LAKE CYPRESS DR
SAFETY HARBOR FL 34695**

Mailing Address

**% JAMES M. REAGAN
1732 LAKE CYPRESS DR
SAFETY HARBOR FL 34695**

2. Principal Place of Business

21 **1014 Bramblewood Ct**

Suite, Apt. #, etc.

22 City & State

23 **Safety Harbor, FL**

24 Zip **34695**

25 Country **U.S.A.**

2a. Mailing Address

26 **1014 Bramblewood Ct**

Suite, Apt. #, etc.

27 City & State

28 **Safety Harbor, FL**

29 Zip **34695**

30 Country **USA**

3. Date Incorporated or Qualified

06/13/1990

3a. Date of Last Report

04/19/1995

4. FEI Number

59-3017908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**REAGAN, JAMES M.
1732 LAKE CYPRESS DR
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent

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. Thereby 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 below and signed by the filer (if applicable)

Signature typed or printed below and signed by the filer (if applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **REAGAN, JAMES M.**
STREET ADDRESS **1732 LAKE CYPRESS DR**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE
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CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, that the information indicated on this annual report or supplemental annual report, that I am an officer or director of the corporation or the receiver or trustee and appears in Block 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

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