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PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # L80104 **(7)**

1. Corporation Name
J. M. REAGAN CORPORATION

Principal Place of Business	Mailing Address
1014 BRAMBLEWOOD CT 1732 LAKE CYPRESS DR SAFETY HARBOR FL 34695 US	1014 BRAMBLEWOOD CT 1732 LAKE CYPRESS DR SAFETY HARBOR FL 34695-4503 US

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1990	06/04/1996

2. Principal Place of Business
21. 1014 Bramblewood Ct.
22. Suite, Apt. #, etc.
23. City & State: Safety Harbor, FL.
24. Zip 34695   25. County USA

2a. Mailing Address
26. 104 Bramblewood Ct
27. Suite, Apt. #, etc.
28. City & State: Safety Harbor, FL.
29. Zip 34695   30. Country USA

4. FEI Number **59-3017908**   ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REAGAN, JAMES M. 1732 LAKE CYPRESS DR SAFETY HARBOR FL 34695	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**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **REAGAN, JAMES M.**		1.2 NAME		
STREET ADDRESS **1732 LAKE CYPRESS DR**		1.3 STREET ADDRESS		
CITY-ST-ZIP **SAFETY HARBOR FL**		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. James M. Reagan

SIGNATURE: _____   4/20/97   (813) 221-1920