


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 11 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **M92226** (3)
1. Corporation Name
DENNIS J. MAHONY, INC.

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|--|--|
| Principal Place of Business 5 BITTERSWEET LANE 1008 SW IMPERIAL DR LOUDENVILLE NY 12211 US | Mailing Address 313 1 SOUTH WEST MARTIN DOWNS, BLVD. SUITE 310 PALM CITY FL 34990 US |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1988

| | |
|---|--|
| 2. Principal Place of Business 21 46 Dogwood Lane Suite, Apt. #, etc. 22 City & State 23 Loudonville NY Zip 24 12211 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 25 US |
|---|--|

4. FEI Number
65-0062788

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**MAHONY, DENNIS J.
3131 SOUTH WEST MARTIN DOWNS, BLVD.
SUITE 310
PALM CITY FL 34990**

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. 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
TITLE **D** ☐ DELETE
NAME **MAHONY, DENNIS J.**
STREET ADDRESS **3131 SOUTH MARTIN DOWNS BLVD, SUITE 310**
CITY-ST-ZIP **PALM CITY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE: *Dennis Mahony*

3/3/98 1518 453-9026

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