

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M93911 (9)

1. Corporation Name

KILMANAGH FARM, INC.

Principal Place of Business

Mailing Address

**% MICHAEL PATRICK DWYER
RT. 3, BOX 1330
MADISON FL 32340**

**% MICHAEL PATRICK DWYER
RT. 3, BOX 1330
MADISON FL 32340**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 3:10

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1988

3a. Date of Last Report

04/27/1994

4. FEI Number

59-2917842

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DWYER, MICHAEL PATRICK
RT. 3, BOX 1330
MADISON FL 32340**

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 the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DWYER, MICHAEL PATRICK
STREET ADDRESS	RT. 3, BOX 1330
CITY- ST- ZIP	MADISON FL
TITLE	V
NAME	DWYER, MICHAEL P., JR.
STREET ADDRESS	8506 E. 34TH PLACE
CITY- ST- ZIP	INDIANAPOLIS IN
TITLE	V
NAME	DWYER, MARK J.
STREET ADDRESS	RR 3 BOX 1330
CITY- ST- ZIP	MADISON FL
TITLE	V
NAME	DWYER-BOOTH, KIMBERLEE M
STREET ADDRESS	3545 CHAMPION AVE.
CITY- ST- ZIP	VIRGINIA BEACH VA
TITLE	TS
NAME	DWYER, ELIZABETH F.
STREET ADDRESS	RT. 3, BOX 1330
CITY- ST- ZIP	MADISON FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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: Elizabeth F. Dwyer Elizabeth F. DWYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-95

DATE

904-939-4692

TELEPHONE NUMBER