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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1999 DOCUMENT # P12191
1. Corporation Name

FLANAGAN INSTRUMENTS, INC.

Principal Place of Business

633 VILLAGE LANE NORTH MANDEVILLE LA 70471

Mailing Address

633 VILLAGE LANE NORTH MANDEVILLE LA 70471

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90037 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

	•				11/18/1986			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u></u> -	olied For	
2. Principal Flace of Business					72-0924247		Applicable	
21   226					5. Certificate of Status Desired	¬ . \$8.75 △		
					J. Certificate of Status Desired	- Fee Re	quired	
22 City & State City & State			-		6. Election Campaign Financing	\$5.00		
City di State					Trust Fund Contribution	Added t	o Fees	
Zip Country Zip			Country		8. This corporation owes the current	year Intangible	<b>V</b>	
<b>-</b> , '	25 29 3				Personal Property Tax.	Yes	Nο	
24   25   29   3 9. Name and Address of Current Registered Agent					10. Name and Address of New Reg	istered Agent	<u> </u>	
<del></del>	3. Name and Address 5. Carlot		81	Name	•			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
				82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				<del> </del>	· 图100 110 110 110 110 110 110 110 110 11	<b>植物的复数形式植</b>		
i Catillition is door.					<b>一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>		628 862 (44) 2646 2 (2)	
			84	1		FI 85 Zip (		
pera sign saver i	April 1900 Co.		Alba abarr	o named ser	poration submits this statement for the nu		registered	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida: Such change was aut	s, the abov thorized by	e-named con the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept the	he appointment as re	gistered	
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 607.0505, Floric	da Statutes	3.				
•	· · · · · · · · · · · · · · · · · · ·						_ <del></del>	
Signature, typed or printed traine or registered agent and age to printed				gistered Agent signature required when reinstating). DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			RS IN 12	
12.		ID DIRECTORS	13.	<del></del>		Change	Addition	
TITLE	P		1,1 TITLE			□ ouringe	, , , , , , , , , , , , , , , , , , ,	
NAME	FLANAGAN, J. FLAGG		1.2 NAME	.				
STREET ADDRESS	TOTAL AND LOSS BOOK DOOR DOOR DOOR DOOR DOOR DOOR DOOR D			T ADDRESS	• •			
	COMMOTON I & 70422			ST-ZIP				
CITY-ST-ZIP	V DELETE					Change	Addition	
	BYRNE, ROBERT L. JR.		2.2 NAME	1				
ŀ	AND TEXT LIGHTON DD			T ADDRESS				
44410F30LE LA 70474			2.4 CITY-					
CITY-ST-ZIP MANDEVILLE LA 70471			3.1 TITLE	31-ZIF		Change	Addition	
TITLE (; )	S DESTRUCTION OF STREET	C. Derest						
NAME	FLANAGAN, DONNA D.		3.2 NAME	ł			#44.00 milk 1 (2005	
STREET ADDRESS		)		ET ADDRESS	1. 1000 年 11 11 11 11 11 11 11 11 11 11 11 11 1		14 10 15	
CITY-ST-ZIP	TY-ST-ZIP COVINGTON LA 70433			ST-ZIP	4000 - 1000 000 000 000 000 000 000 000 0	Ghanne	Addition	
TITLE	1	☐ DELETE	4.1 TITLE		847 G S 200 WAR S 27 C 27 C	Addition of the Company	,	
NAME	House systems.	4.4.7.50	4. 2 NAME	·				
STREET ADDRES	8		4.3 STREE	ET ADDRESS	•			
	Ĭ	•	4.4 CITY-	ST-ZIP				
CITY-ST-ZIP	<del>                                     </del>	☐ DELETE	5.1 TITLE		<del></del>	☐ Change	Addition	
			5.2 NAME	:				
NAME			5.3 STRE	ET ADDRESS				
STREET ADDRES	S		5.4 CITY-					
CITY-ST-ZIP	1 12 24 42 22 2	☐ DELETE	6.1 TITLE			☐ Change	Addition	
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NAME								
STREET ADDRES	s Company of the contract of t		1	ET ADDRESS				
	1 ∀		6.4 CITY-	ST-ZIP	<u></u>			

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 of suppliemental 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 frustee 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, with all other like empowered.

SIGNATURE