

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P18193 (3)

1. Corporation Name

ERIN'S INC.



Principal Place of Business

Mailing Address

7110 ISLE OF CAPRI RD  
NAPLES FL 33961  
US

7110 ISLE OF CAPRI RD  
NAPLES FL 33961  
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

WARD, JOHN A.  
987 ASTER CT  
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified

02/29/1988

3a. Date of Last Report

02/24/1995

4. FEI Number

65-0031834

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME: PD  
WARD, MICHAEL  
STREET ADDRESS: 1850 ISLE OF CAPRI RD.  
CITY-ST-ZIP: NAPLES FL

TITLE ☐ DELETE

NAME: STD  
WARD, JOHN  
STREET ADDRESS: 987 ASTER CT  
CITY-ST-ZIP: MARCO ISLAND, L

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1. 1. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. 1. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. 1. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. 1. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. 1. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. 1. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Ward

1/16/96

9417741880

Date

Daytime Phone #

CR2E034 (12/95)