

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000000106 (3)**

1. Corporation Name  
**IRA-FRAN CORPORATION**



Principal Place of Business: **10305 EAST HIGHWAY 40 SILVER SPRINGS FL 34488**  
Mailing Address: **10305 EAST HIGHWAY 40 SILVER SPRINGS FL 34488**

3. Date Incorporated or Qualified: **12/31/1992**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3156795**  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: Suite, Apt. #, etc.  
22: City & State  
23: Zip, Country  
24: Zip, Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FLANAGAN GREGORY S.  
1 NE 1ST AVE  
STE 303  
OCALA FL 34470**

81 Name: **GREGORY S. FLANAGAN**  
82 Street Address (P.O. Box Number is Not Acceptable): **230 NE 25TH AVE.**  
83: **SUITE 200**  
84 City: **OCALA** FL 85 Zip Code: **34470**

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE: *Gregory S. Flanagan*

5-22-96

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WOOD, IRA	
STREET ADDRESS	RD 2, BOX 39	
CITY-ST-ZIP	TARENTUM PA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GAY, FRANCIS	
STREET ADDRESS	10305 EAST HWY 40	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GAY, CATHERINE	
STREET ADDRESS	10305 EAST HWY 40	
CITY-ST-ZIP	SILVER SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	WOOD, IRA	
13 STREET ADDRESS	RD2, Box 39	
14 CITY-ST-ZIP	TARENTUM, PA	
21 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GAY, FRANCIS	
23 STREET ADDRESS	10305 east hwy 40	
24 CITY-ST-ZIP	SILVER SPRINGS, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GAY, CATHERINE	
33 STREET ADDRESS	10305 EAST HWY 40	
34 CITY-ST-ZIP	SILVER SPRINGS, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or person 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: *Catherine D. Gay*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96  
Date  
352-625-5077  
Business Phone #

CR2E034 (12/95)