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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041036 (3)

JERRY O'CONNELL INC.

Principal Place of Business		Mailing Address	Mailing Address						
17712 SHANNON OAKS CT TAMPA FL 33647 US		17712 SHANNON OKS CT Tampa FL 33847 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						06/04/1993			
2. Principal Place of Business		2a, Mailing Addre	2a. Mailing Address			4. FEI Number Applied For			
		26				59-3187553 Not Applice	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required	I		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	7ip	Court 30	itry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
T00	DLE, DANA G			B1	Name				
608 SUIT	W HORATIO ST		82 Street Addre			ress (P.O. Box Number is Not Acceptable)			
ľ	IPA FL 33606		ļ.	B3					
			ļ.	84	City	FL 85 Zip Code			
11. Pursuant to	the provisions of Sections 607	.0502 and 607.1508, Florida	Statutes, the ab	l	named corpo	oration submits this statement for the purpose of changing its register	red		

istered

office or re agent. I a	a gister ed agent, or both, in the State of Horida. Such chain in fa miliar with, and accept the obligations of, Section 607	nge was autr 7.0505, Florid	iorized by the corp a Statutes.	oration's board of dire	ctors. I nereby accept the a	appoiniment as	registered
SIGNATURE	Signature, typed or printed name of regestered agent and lide if applicable	(NOTE Re	enistered Apent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	,,,,,,	13.		CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	DP	ELETE	11 TITLE			☐ Change	Addition
NAME	O'CONNELL, JERRY		1.2 NAME				
STREET ADDRESS	17712 SHANNON OAKS CT	:	1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP				
TITLE		ÉLETE	21 TITLE			Change	Addition
NAME			2 2 NAME		•		
STREET ADDRESS			23 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE	D	ELETE	3 1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		ELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		ELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		ELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

Thereby 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

FILED

May 12 1998 8:00am

Secretary of State