

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 # P93000083529 (6)

1. Corporation Name

O'CONNOR ENTERPRISES, INC.



Principal Place of Business

1660 LOWELL COURT  
FT MYERS FL 33907

Mailing Address

1660 LOWELL COURT  
FT MYERS FL 33907

3. Date Incorporated or Qualified  
11/29/1993

3a. Date of Last Report  
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 502 South Road

26 502 South Road

4. FEI Number  
65-0458873

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

23 Ft Myers, FL

28 Ft Myers, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33907

25 LEE

29 33907

30 LEE

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'CONNOR, JOHN G  
1660 LOWELL COURT  
FT. MYERS FL 33907

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

82 502 South Rd Unit E

83

84 City

84 Ft Myers

85 State

85 FL

86 Zip Code

86 33907

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

TITLE D ☐ DELETE

NAME O'CONNOR, JOHN G  
STREET ADDRESS 1660 LOWELL CT.  
CITY-ST-ZIP FT MYERS FL 33907

TITLE D ☐ DELETE

NAME O'CONNOR, PAMELA G  
STREET ADDRESS 1660 LOWELL CT.  
CITY-ST-ZIP FT MYERS FL 33907

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME O'Connor John G.  
1.3 STREET ADDRESS 502 South Rd Unit E  
1.4 CITY-ST-ZIP Ft Myers, FL 33907

2.1 TITLE Sec/Treasurer ☒ Change ☐ Addition

2.2 NAME O'Connor Pamela S.  
2.3 STREET ADDRESS 502 South Rd Unit E  
2.4 CITY-ST-ZIP Ft Myers, FL 33907

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 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: Pamela O'Connor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

941 227 0810

Daytime Phone #

CR2E034 (12/95)