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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS			NS					
DOCUME 1. Corporation Nat	ENT # P940	0000	01610 (2	2)						
	ANAGAN CONSTRUCTION	ON INC	•					LL AT EN A T NA	ALEL TERRE BILL	LI BIGIG BB II B GB I
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Principal Place of F	Rusiness		Ing Address				-	III qu ili qu ili q		16 0 15 60 51 1631
TINOPERT ROCE OF ECONOCO				SW 36 PL						
	10108 SW 36 PL Gainesville Fl 32607			GAINESVILLE FL 32607						
							3. Date Incorporated or Qualified		of Last Rep 05/01/19	
							12/29/1993 4. FE! Number	L		pplied For
2. Principal Place	of Business	 1	2a. Mailing Address			59-3219823			ot Applicable	
Suite, Apt. #, e	exc.	26	Suite, Apt. #, etc.		,		Certificate of Status Desired		\$8.75 Fee Re	Additional equired
22		27	Ot. 9 State				6. Election Campaign Financing		 	May Be
City & State		28	City & State				Trust Fund Contribution		Added	to Fees
Z ip	Country	····+	Ζφ	30 Cou	intry		8. This corporation has liability for Florida Statutes	□ No		99.032,
24	9. Name and Address of Curre	29 Int Regist	tered Agent	130	<u> </u>		10. Name and Address of New R		Agent	
	S. Hanne and Abbitos of Confe				81	Name	····			
FLANAG			82	Street Addr	ess (P.O. Box Number is Not Acceptable)					
10108 S	W 36 PL				00					
	VILLE FL 32607				83					
					84	City		FL	85 Zip	Code
or registered familiar with,	and accept the obligations of Sc	ction 607.	0505, Fkirida Stalutes	S Title Feogration	-I Age	oration's boar	ation submits this statement for the pured of directors. I hereby accept the appropriate the pure the statement of the pure to sale the statement of the pure to sale the pure t	DATE		
12.	OFFICERS A		DIORS	13.			ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	D		☐ DELETE		TITLE NAME					
NAME	FLANAGAN, MITCHELL T					I ADDRESS				
STREET ADDRESS	10108 SW 36 PL GAINESVILLE FL 32607					S1 - ZIP				
CHTY-ST-ZIP	D GAINESVILLE PL 32007		DELETE		TITLE				☐ Change	☐ Addition
NAME	FLANAGAN, PAMELA K			2.2	NAME					
STREET ADDRESS	10108 SW 36 PL			1		ET ADORESS				
CITY-ST-ZIP	GAINESVILLE FL 32607		for process			- ST - ZIP			Change	Addition
TITLE			☐ DELETE	1	MAME					
NAME				•	NAME	E EE1 ADDRESS				
STREET ADDRESS						- ST - ZIP				
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NAME	İ			. (1.	149917					

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 certify that I am an officer or director of the corporation or the receiver or trust-re-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 ON PHINTED NAME OF SIGNING OFFICER OF DISPLACED

7-15-96

950-380-2525 Daybric Province