

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 # P94000031702 (1)

1. Corporation Name

THOMAS KIERNAN ENTERPRISES, INC.



Principal Place of Business

5114 OLD VILLAGE WAY
OLDSMAR FL 34677

Mailing Address

5114 OLD VILLAGE WAY
OLDSMAR FL 34677

3. Date Incorporated or Qualified
04/22/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 4964 Dunnwoody Place

Suite, Apt. #, etc.

22 City & State

23 Oldsmar FL

24 Zip 34677

25 Country

2a. Mailing Address

26 4964 Dunnwoody PL

Suite, Apt. #, etc.

27 City & State

28 Oldsmar, FL

29 Zip 34677

30 Country

4. FEI Number

59-3292773

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

9. Name and Address of Current Registered Agent

KIERNAN, THOMAS
1452 WINDJAMMER LOOP
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

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

4964 Dunnwoody Place

83

84 City Oldsmar

FL

85 Zip Code 34677

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 the applicable

(If the Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME KIERNAN, THOMAS
STREET ADDRESS 1452 WINDJAMMER LOOP
CITY - ST - ZIP LUTZ FL ☐ DELETE

TITLE DVPS
NAME KIERNAN, SUSAN E
STREET ADDRESS 1452 WINDJAMMER LOOP
CITY - ST - ZIP LUTZ FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

4964 Dunnwoody Place
Oldsmar FL 34677

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

4964 Dunnwoody Place
Oldsmar FL 34677

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied on 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: X

THOMAS E. Kiernan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96 813-751-4272
Date Daytime Phone

CR2E034 (12/95)