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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1998 8:00am

Secretary of State

Change

Change

Addition

\_\_\_ Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400066286 (3) 1. Corporation Name

## O'RIORDAN ENTERPRISES, INC.

Principal Place of Business		Mailing Address		1 (001100) 110 (611) 01911 43111 46111 46111 A111 A111	IN ANTHO CLOUD COLUMN DEST COME	
6706 N. RIVER BLVD. TAMPA FL 33064 US		6706 N RIVER BLVD. Tampa Fl 33604 US				
					DO NOT WRITE IN THIS	SPACE
08		03			3. Date incorporated or Qualified	
					09/02/1994	
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
		26			65-0533361	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>├</u> ¬		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<b>.</b>		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	itry	8. This corporation owes or has paid the cu	_ /
24	25	29	30		. 5.55	Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Re						Agent
O'RIODAN, OLIVER J						
6706 N RIVER BLVD. TAMPA FL 33604			1	82 Street Address (P.O. Box Number is Not Acceptable)		
			ļ.	B3		
1			['	03		
			1	B4 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na						at phonoing its registered
d office or re	o <b>the</b> provisions of Sections 607.05t eg <b>ister</b> ed agent, or both, in the State m <b>fam</b> iliar with, and accept the oblig	e of Florida. Such change was a	authorized	by the corpo	orporation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE Signifure: typed or printed name of registered agont and title if applicable (NOTE Registered Agont signature required when reinstating)  DATE						
40		ND DIRECTORS	13.	Agent signature re	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	Q CITICENS AS	DELETE	1.1 TiTL	.E	ADDITIONAL INTO CONTROL OF THE PARTY	☐ Change ☐ Addition
NAME	O'RIORDAN, HELEN J		1.2 NA			
STREET ADDRESS	I in a second make		1	EET ADDRESS		
CITY+ST-ZIP	TAMPA FL		1	Y-ST-ZIP		
TITLE			2.1 7071			Change Addition
NAME	O'RIORDAN, OLIVER J		2.2 NA			
STREET ADDRESS	6706 N RIVER BLVD			EET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CIT	Y-ST-ZIP		
TITLE	37300777	☐ DELETE 3.				Change Addition
NAME			3.2 NAI	VIE		
STREET ADDRESS		3.3		EET ADDRESS		
CITY-ST-ZIP	3		3.4. CIT	Y-ST-ZIP	. <u>.</u> .	
TITLE		☐ DELETE	4.1 TITE	LE .		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	REET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		

64 CITY-ST-ZIP

14. I hereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, of on an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE