## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059482 (6)

Block 12 or Block 13 if changed, or on an attachment with an address.

J. & V. HOLLERAN, P.A.

Principal Place of Business Mailing Address 4801 HAWKSHEAD PARK 4801 HAWKSHEAD PARK SARASOTA FL 34241 SARASOTA FL 34241 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 08/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0604366 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes □ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLLERAN, JOSEPH 4801 HAWKSHEAD PARK Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34241 83 84 Zip Code 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. Holkery Joseph **SIGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE HOLLERAN, VIRGINIA NAME 1.2 NAME 4801 HAWKSHEAD PARK STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34241 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME HOLLERAN, JOSEPH 2.2 NAME 4801 HAWKSHEAD PARK STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE MAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. 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

LARDED Holleand NP

(941)271-0558

**FILED** 

Feb 04 1998 8:00am

Secretary of State