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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham 🦪

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1, Corporation Name

P95000074396 (9)

THE O'DONOVAN COMPANY

Principal Place of Business

Mailing Address

FILED Apr 16 1998 8:00am Secretary of State



24 HARBOURTOWN VILLAGE GULF BREEZE FL 32561			24 Harbourtown Village Gulf Breeze fl 32561		DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified 09/22/1995	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21	–	26	26		59-3342082	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	[27]		5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
L Zφ	Country	7(p	Count	у	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Hegistered Agent	8	т :::	10. Name and Address of New Registered	d Agent
O'DONOVAN, MICHAEL				1 Name		
	HARBOURTOWN VILLAGE		8:	82 Street Address (P.O. Box Number is Not Acceptable)		
GU	LF Breeze FL 32561		_			
			8	3		
			8-	City	F	85 Zip Code
' OITICE OF IT	to the provisions of Sections 607.09 egistered agont, or both, in the Sta m familiar with, and accept the obli	ie of Floridal Such change was	s authorized t	IV The coroors	rporation submits this statement for the purpose ation's board of directors. Thereby accept the ap	of changing its registered pointment as registered
SIGNATURE						İ
·- · · · · · · · · · · · · · · · · · ·	Signature, typed or prested name of registered a		III : Registered A	qent signature requ	pirod when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13,		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	Albahania anama	DELETE	1.1 THTLE			Change Addition
NAME	O'DONOVAN, MICHAEL		1.2 NAME			;
STREET ADORESS	12 SEASHORE DRIVE		1.3 STREE	1 ADDRESS		li
CITY-ST-ZIP	PENSACOLA BEACH FL 32	·	14 CHY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change
NAME			22 NAME			
STREET ADDRESS			2 3 STREE	1 ADDRESS		
CITY-ST-ZIP			2.4 CITY-	ST-7IP		
TITLE		DELETE	3.1 TUTE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		T 55.57	3.4 CITY-	ST-ZIP	·	
TITLE		DELETE	4.1 TITLE	ĺ		Change Addition
NAME			4.2 NAME			
STREET ADDRESS			43 STREE	1 ADDRESS		
CITY-ST-ZIP			44 CITY-	ST - 71P		
TIFLE		☐ DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP		<u></u>	5.4 CITY -	ST - ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST - 7IP		

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 supplienced armore report. Flue and accorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the receiver of fursteed to provide the execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an information in the receiver of fursteed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an information in the receiver of fursteed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an information in the receiver of the receiver