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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000087918 (5) **DOCUMENT #**  Corporation Name O'CONNELL SYSTEMS, INC. Principal Place of Business Mailing Address 920 CIMARRON (IR. 920 CIMARRON CIR. **BRADENTON FL 34209 BRADENTON FL 34209** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Ζiρ Country Zio Country 8. This corporation has liability or intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'CONNELL JOHN J Street Address (P.O. Box Number is Not Acceptable) 82 920 CIMARRON CIR. **BRADENTON FL 34209** 83 City

85 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 familiar with, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TATLE DELETE 1.17006 Change Addition O'CONNELL, JOHN J NAME 1.2 NAME 920 CIMARRON CIR. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 22 NAME STHEET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP TITLE DELETE 3 1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 THILE Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-2IP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME: 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-SY-ZIP 6.4 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 coath; 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

SIGNATURE:

John JO'Convell 3/25/96 941-792-9202

Applied For

Fee Required

Added to Fees

Not Applicable

CR2E034 (12/95)