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Aug 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017623 (5)

1. Corporation Name
O'CONNOR & SON, INC.

Principal Place of Business
1919-2 BLANDING BLVD.
JACKSONVILLE FL 32210

Mailing Address
1919-2 BLANDING BLVD.
JACKSONVILLE FL 32210-3254



2. Principal Place of Business
21 1919-10 Blanding Blvd
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip
24 32210
Country
25 U.S.

2b. Mailing Address
26 P.O. Box 125
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL
Zip
29 32220
Country
30 U.S.

3. Date Incorporated or Qualified
02/26/1996
3a. Date of Last Report
4. FEI Number
59-3364579
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

SMITH, C. HOLT III
1 INDEPENDENT DR., #3301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D O'CONNOR, THOMAS V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, THOMAS V	1.2 NAME	Thomas B. O'Connor
STREET ADDRESS	6439 SABLEWOOD DR. E.	1.3 STREET ADDRESS	5927 Ridgeway Rd. E.
CITY-ST-ZIP	JACKSONVILLE FL 32244	1.4 CITY-ST-ZIP	Jax. FL. 32244
TITLE	D O'CONNOR, TANYA L <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, TANYA L	2.2 NAME	
STREET ADDRESS	6439 SABLEWOOD DR. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	
TITLE	D O'CONNOR, THOMAS B <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, THOMAS B	3.2 NAME	
STREET ADDRESS	5927 RIDGEWAY RD. E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	3.4 CITY-ST-ZIP	SECRETARY - President
TITLE	D O'CONNOR, JUDITH C <input type="checkbox"/> DELETE	4.1 TITLE	Judith C. O'Connor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, JUDITH C	4.2 NAME	
STREET ADDRESS	5927 RIDGEWAY RD. E.	4.3 STREET ADDRESS	5927 Ridgeway Rd. E.
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	Jax. FL. 32244
TITLE	D BENNETT, TONYA L <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, TONYA L	5.2 NAME	
STREET ADDRESS	6988 DELISLE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	5.4 CITY-ST-ZIP	
TITLE	D BENNETT, MICHAEL J <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, MICHAEL J	6.2 NAME	
STREET ADDRESS	6988 DELISLE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E034 (9/96)