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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000024979

HOGAN BROTHERS DEVELOPMENT CORP.

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90013 020 \*\*\*150.00



Principal Place of Business Mailing Address 2332 OAKDALE DR EAST 2332 OAKDALE DR EAST **ORANGE PARK FL 32073** ORANGE PARK FL 32073 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3366607 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 \$8.75 Additional 5. Certifcate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Zip Added to Fees Country Zip Country 8. This corporation owes the current year Intangible 24 29 30 Personal Property Tax. □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOGAN, MARTIN T 2332 OAKLAND DR EAST 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** City 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		.,	- Taranao,		• •	
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE:	Registered Agent signature requir		<u> </u>	
12.	OFFICERS AND DIRE		13.		DATE	
TITLE	D	□ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO C		3 IN 12
NAME .	HOGAN, JAMES M		1.2 NAME		☐ Change	Addition
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CITY-ST-ZIP	ORANGE PARK FL		1.3 STREET ADDRESS			
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CITY-ST-ZIP			6.4 CITY-ST-ZIP	•		

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 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, with all other like empowered.

SIGNATURE:

一 Units NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 264-6060