

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

FILED

May 14 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 # P96000087041 (5)

1. Corporation Name

FLANAGAN'S OF CLEARWATER, INC.

Principal Place of Business

103 COVE LAKE DRIVE
LONGWOOD FL 32778

Mailing Address

103 COVE LAKE DRIVE
LONGWOOD FL 32778-2310



3. Date Incorporated or Qualified

10/22/1986

3a. Date of Last Report

2. Principal Place of Business

21 2569 COUNTRYSIDE BVD

2a. Mailing Address

26 1918 ALTON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 17

27 CLEARWATER

City & State

City & State

23 CLEARWATER FL

28 FLORIDA

Zip

Country

Zip

Country

24 34621

25 USA

29 34623

30 USA

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name MARGARET FLANAGAN

82 Street Address (P.O. Box Number is Not Acceptable)

1918 ALTON DRIVE

83

84 City CLEARWATER FL

85 Zip Code

34623

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

M E Flanagan

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLANAGAN, PATRICK M
STREET ADDRESS 103 COVE LAKE DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

DELETE

TITLE VSTD
NAME FLANAGAN, MARGARET E
STREET ADDRESS 103 COVE LAKE DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME FLANAGAN, PATRICK M
1.3 STREET ADDRESS 1918 ALTON DRIVE
1.4 CITY-ST-ZIP CLEARWATER FL 34623

Change Addition

2.1 TITLE VSTD
2.2 NAME FLANAGAN, MARGARET E
2.3 STREET ADDRESS 1918 ALTON DRIVE
2.4 CITY-ST-ZIP CLEARWATER FL 34623

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

M E Flanagan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-97

CR2E034 (9/96)