

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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90010 022 \*\*\*150.00

DOCUMENT # P97000036282

1. Corporation Name  
FEEHAN & MCMENAMAN INC.

Principal Place of Business  
1490 S FEDERAL HWY  
DELRAY BEACH FL 33483

Mailing Address  
717 GROVE ST  
PT. PLEASANT NJ 08742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

65-0247659

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1554 S. Federal Highway  
Suite, Apt. #, etc.

26 1554 S. Federal Highway  
Suite, Apt. #, etc.

22

27

City & State

23 Delray Beach

City & State

28 Delray Beach Florida

Zip

24 33483

Country

25 USA

Zip

29 33483

Country

30 USA

9. Name and Address of Current Registered Agent

POWERS, JENNIFER D  
160 ARLINGTON RD  
W PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name

Gregory C. McMenaman

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

1554 South Federal Highway

83

84 City

Delray Beach

FL

85 Zip Code

33483

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

*Gregory C. McMenaman*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FEEHAN, WILLIAM B

STREET ADDRESS 717 GROVE ST

CITY-ST-ZIP PT. PLEASANT NJ 08742

TITLE V ☐ DELETE

NAME MCMENAMAN, GREGORY C

STREET ADDRESS 717 GROVE ST

CITY-ST-ZIP PT. PLEASANT NJ 08742

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Feehan, William B

1.3 STREET ADDRESS 4781 S. Citation Dr Apt 201

1.4 CITY-ST-ZIP Delray Beach FL 33445

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME McMenaman, Gregory C

2.3 STREET ADDRESS 4781 S. Citation Dr Apt 201

2.4 CITY-ST-ZIP Delray Beach FL 33445

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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:

*Gregory C. McMenaman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

561 930 9060

Daytime Phone #

CR2E034 (11/98)