Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90057 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036698

1. Corporation Name

JERRY FLANNIGAN & ASSOCIATES, INC.

OLIMIT II			_									
Principal Place of Business Mailing Address									.,,,,		1,00 1417 1407	
8562 SCENIC HIGHWAY 8562 SCENIC HIGHW												
PENSACOLA FL 32514 PENSACOLA FL 32514							DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualifed				
	•						3.	04/23/1997			Ì	
		Τ.	Barry Addan				-	FEI Number		T 4==	lied For	
	lace of Business	2a. 26	Mailing Address				4.	59-3442502	_	+ ' '	Applicable	
Suite Ant # ata			Suite, Apt. #, etc.					39 3442302	\$8			
Suite, Apt. #, etc.			7				5. Certifcate of Status Desired					
City & State			City & State-				6. Election Campaign Financing \$5.00 May Be					
 ,		28	Oity & Otalio-				0.	Trust Fund Contribution		ided to		
Zip	Country	1201	Zip	Count	rv	<u> </u>	a	This corporation owes the current year In				
24	25	29	3	_	.,		"	Personal Property Tax.	Yes		⊡No	
	9. Name and Address of Current			<u>, </u>			10.	Name and Address of New Registered	Agent			
· .				8	11	Name					_	
	inigan, jerry			<u> </u>	-	D44 4 dd		O Day Number is Net Assentable)				
8562 SCENIC HIGHWAY				٥	82 Street Addr			P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32514				8	83							
. د د د د د د د		:	tication actions	L	1				1221			
				8	4	City		FL	85	Zip Ci	oge	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										egistered istered		
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS A	D DIRE	CTOF	RS IN 12	
TITLE	DELETE			1.1 TITLE					Ch	ange	☐ Addition	
NAME	Flannigan, Jerry	i	1.2 NAME									
STREET ADDRESS	8562 SCENIC HWY		1.3 \$1			ADDRESS		•				
CITY-ST-ZIP	PENSACOLA FL 32514			1.4 CITY-	1.4 CITY-ST-ZIP							
TILE	VP	☐ DELETE	2.1 TITLE	E				Ch	ange	Addition		
NAME	FLANNIGAN, CHARLOTTE			2.2 NAME								
STREET ADDRESS	8562 SCENIC HWY			2.3 STRE	EET.	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32514			2. 4 CITY	/-ST	r-zip						
TITLE	ST	_	☐ DELETE	3.1 TITLE					Ch	ange	☐ Addition	
NAME .	FLANNIGAN, CHARLOTTE			3.2 NAM	Ε			المناسب والماليك	s	· • •.		
STREET ADDRESS	8562 SCENIC HWY			3.3 STRE	EET,	ADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32514			3.4. CITY	r-st	r- ZIP						
TITLE			DELETE	4.1 TITLE	E				Ch	ange	☐ Addition	
NAME				4. 2 NAM	ŧΕ							
STREET ADDRESS				4.3 STRE	EET.	ADDRESS					1	
CITY-ST-ZIP				4.4 CITY	-ST-	-ZIP						
TITLE			DELETE	5.1 TITLE					☐ Ch	ange	☐ Addition	
NAME				5.2 NAMI	E							
STREET ADDRESS				5.3 STRE	EET.	ADDRESS		•			į	
CITY-ST-ZIP				5.4 CITY	- ST-	-ZIP				•		
TITLE			☐ DELETE	6.1 TITLE	E	_ ·			Ch	ange	☐ Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP