

**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90011 048 \*\*\*150.00  
 07-09-1999 90015 006 \*\*\*400.00

**PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



585230 - 90015 - 6

**DOCUMENT # P97000064433**

1. Corporation Name  
**J. FINNEGAN & ASSOC., INC.**

**Principal Place of Business**

**224 NORTH O STREET  
 LAKE WORTH FL 33460**

**Mailing Address**

**POST OFFICE BOX 20543  
 WEST PALM BEACH FL 33416**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

**07/25/1997**

**4. FEI Number**

**65-0769741**

**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**

**21 Suite, Apt. #, etc.**

**1. City & State**

**23 Zip**

**Country**

**2a. Mailing Address**

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**Country**

**9. Name and Address of Current Registered Agent**

**FINNEGAN, JAMES  
 224 NORTH O STREET  
 LAKE WORTH FL 33460**

**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 title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **-PTD** ☐ DELETE

**NAME** **FINNEGAN, JAMES G**  
**STREET ADDRESS** **224 NORTH O STREET**  
**CITY-ST-ZIP** **LAKE WORTH FL 33460**

**TITLE** **VSD** ☐ DELETE

**NAME** **FINNEGAN, YTONNA L**  
**STREET ADDRESS** **224 NORTH O STREET**  
**CITY-ST-ZIP** **LAKE WORTH FL 33460**

**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** ☐ Change ☐ Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE**

**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:**

**SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**5/27/99**

**561-547-0980**

Date

Daytime Phone

CR2E034 (11/98)