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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9700065989

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90024 012 ***150.00

WILLIAM C. FLANAGAN ENTERPRISES INC.					
				4 14011831 (18 1011) 10017 88171 00111 14111 1411	
Principal Place	e of Business	Mailing Address		# 18811831 to 1814 1881 4814 88131 4831 4831	ifå filår drira rårar rarra talt isa.
165 GRIFFIN RI)	165 GRIFFIN RD			
UNIT 199 UNIT 199				DO NOT WRITE IN TH	IS SDACE
COCOA FL 32926 COCOA FL 32926				Date Incorporated or Qualifed	13 SFACE
ļ					·
	I Designation	2a. Mailing Address		07/28/1997 4. FEI Number	- Applied For -
⊢	lace of Business	⊢ ,		59-3463258	Not Applicable
21	# ata	Suite, Apt. #, etc.		39-3403230	\$8.75 Additional
Suite, Apt.	#, etc.	⊢ ' ' ' '		5. Certifcate of Status Desired	Fee Required
22 City & Stat	^	City & State		6. Election Campaign Financing	\$5.00 May Be
23 28			Trust Fund Contribution	Added to Fees	
Zip Country Zip		Country	This corporation owes the current year I		
24	25	29 30	- '	Personal Property Tax.	☐ Yes ☐ No
24	9. Name and Address of Current			10. Name and Address of New Registere	d Agent
	J. Haine and Addison C. Parisin	- Togicia - Company	81 Name		
DEMMING, JAY					**************************************
	GRIFFIN RD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	199		83	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	OA FL 32926				
			84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was authorized agent.			the above-named cor		
office or r	egistered agent, or both, in the State of	f Florida. Such change was auth	horized by the corporat	tion's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	legistered Agent signature requir	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	ρ	☐ DELETE	1.1 TITLE		Change ☐ Additioπ
NAME	Flanagan, William C		1.2 NAME	0	<i>'</i>
STREET ADDRESS	9809 LOST RAVINE CT		1.3 STREET ADDRESS	1071 Keeli Winkle Circle	
CITY-ST-ZIP	FAIRFAX STATION VA 22039		1.4 CITY-ST-ZIP		
TITLE	174111701 017111011 171 12000		1.4 CHT-51-47	DAVID . PL 03328	
NAME		☐ DELETE	2.1 TITLE	3071 feeliwiokle Cucle DANIE, FL 33328	☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	2.1 TITLE	DAVIE, FL 83328	☐ Change ☐ Addition
CITY-ST-ZIP	in the contract of the party of	DELETE	2.1 TITLE 2.2 NAME	DAVIE, PL 83328	Change Addition
	in the second se	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	DAVIE, PL 83328	Change Addition
	The state of the s	☐ DELETE	2.1 TITLE 2.2 NAME	DAVIE, PL 83328	Change Addition
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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.