

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

DOCUMENT # P98000024247

1. Corporation Name
B.J. CORRIGAN'S, INC.

Principal Place of Business
4685 28 STREET NO
ST PETERSBURG FL 33714

Mailing Address
4685 28 STREET NO
ST PETERSBURG FL 33714

FILED

93 SEP 27 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1998

4. FEI Number

593502087

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

9. Name and Address of Current Registered Agent

CORRIGAN, BARBARA J
4685 28 STREET NO
ST PETERSBURG FL 33714

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
OWNER
NAME BARBARA JEAN CORRIGAN
STREET ADDRESS 1021 51ST AV NORTH
CITY-ST-ZIP ST PETERSBURG, FL 33703

☐ DELETE

12.2 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

22.1 TITLE

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

31.1 TITLE

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY-ST-ZIP

41.1 TITLE

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY-ST-ZIP

51.1 TITLE

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY-ST-ZIP

61.1 TITLE

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY-ST-ZIP

62.1 TITLE

62.2 NAME

62.3 STREET ADDRESS

62.4 CITY-ST-ZIP

63.1 TITLE

63.2 NAME

63.3 STREET ADDRESS

63.4 CITY-ST-ZIP

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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.

SIGNATURE: Barbara J Corrigan BARBARA J CORRIGAN (OWNER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

To Whom it may Concern,

8/26/99

2

Please except this check for \$150.00. I know I'm late and I do apologize. This form was filed away with my sincere intent to pay on time. I am a new business owner and am not only operating at a loss but I was caring for my elderly mother at the time this was to be sent out. My mother passed away May 1, 1999. I was further delayed by making a trip up to Boston to bury my mother as a result this was neglected to be paid on time. Please except my apology. It would be a hardship to send any more monies at this time.

Sincerely
Barbara J. Corrigan