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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 9:50

DOCUMENT # **S09421** **(6)**

1. Corporation Name

MARY-GAEL, INC.

Principal Place of Business	Mailing Address
404 N DONNELLY ST MT DORA FL 32757	404 N DONNELLY ST MT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/29/1990**
3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3029022** ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEANE, WILLIAM T.
404 N DONNELLY ST
MT DORA FL 32757

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KEANE, WILLIAM T.	12 NAME	
STREET ADDRESS	404 N DONNELLY ST	13 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	KEANE, NANCY R.	22 NAME	
STREET ADDRESS	404 N DONNELLY ST	23 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	KEANE, DAVID P.	32 NAME	
STREET ADDRESS	404 N DONNELLY ST	33 STREET ADDRESS	
CITY ST ZIP	MT DORA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☑ Change ☐ Addition
NAME	KEANE, KAREN A.	42 NAME	MCDUFFIE, KAREN A
STREET ADDRESS	404 N DONNELLY ST	43 STREET ADDRESS	404 N DONNELLY ST
CITY ST ZIP	MT DORA FL	44 CITY ST ZIP	MOUNT DORA, FL 32757
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	BENNINGHOVEN, MARIA N.	52 NAME	SHAFER, MARIA N
STREET ADDRESS	404 N DONNELLY ST	53 STREET ADDRESS	404 N DONNELLY ST
CITY ST ZIP	MT DORA FL	54 CITY ST ZIP	MOUNT DORA, FL 32757
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KEANE, NANCIE M.	62 NAME	
STREET ADDRESS	404 N DONNELLY ST	63 STREET ADDRESS	
CITY ST ZIP	MT DORA FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: William T. Keane 1/30/95 (904) 735-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042004 CP