

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V02901

(9)

1. Corporation Name

MEAGHER & ASSOCIATES, INC.



Principal Place of Business

805 TUSCARORA TRAIL
MAITLAND FL 32751

Mailing Address

805 TUSCARORA TRAIL
MAITLAND FL 32751

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MEAGHER, VINCENT M.
805 TUSCARORA TRAIL
MAITLAND FL 32751

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 607.0602 and 607.1716, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Sections 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	MEAGHER, VINCENT M.	2. NAME	
STREET ADDRESS	805 TUSCARORA TRAIL	3. STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	4. CITY-STATE-ZIP	
TITLE	D	5. TITLE	☐ Change ☐ Addition
NAME	MEAGHER, IRENE T.	6. NAME	
STREET ADDRESS	805 TUSCARORA TRAIL	7. STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	8. CITY-STATE-ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this report is true and correct, and that I am an officer or director of the corporation or the registered 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 change, on an addition or deletion.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Mar '96 407-645-3723

CR2E034 (12/95)