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

**PROFIT** 

SIGNATURE:

Mar 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (3)V10857 J.M. CARRIGAN CORPORATION Principal Place of Business Mailing Address 6464 PINE AVENUE 6464 PINE AVENUE SANIBEL FL 33957 SANIBEL FL 33957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1992 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0305709 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & Stale City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 CARRIGAN, REBECCA 6464 PINE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) SANIBEL FL 33957 83 City 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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Addition DELETE 1.1 TITLE Change TITLE NAME CARRIGAN, JOHN M. 1.2 NAME 6464 PINE AVENUE 1.3 STREET ADDRESS STREET ADDRESS SAMBEL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE NAME CARRIGAN, JOHN M. JR. 22 NAME STREET ADDRESS 8445 CARDINAL RD. 2.3 STREET ADDRESS FORT MYERS FL 2 4 CITY-ST-ZIP CITY - ST - ZiP Addition DELETE 31 TITLE TITLE CARRIGAN, JAMES M. 3 2 NAME NAME 6464 PINE AVENUE STREET ADDRESS 3.3 STREET ADDRESS SANIBEL FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE CARRIGAN, REBECCA G. 4. 2 NAME NAME 6464 PINE AVE. 4.3 STREET ADDRESS STREET ADDRESS SANIBEL FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I bereby certify that the information supplied with this filling 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 changes of the corporation of 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 changes of the corporation of the receiver of the receiver of the corporation of the receiver of the

FLORIDA DEPARTMENT OF STATE

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