

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

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
CORPORATE DIVISION
TALLAHASSEE, FLORIDA 32399-0001
(904) 487-1000

APPROVED

DOCUMENT # **V14248**

(1)

CONCETTA MCSORLEY, INC.

RECEIVED
FEBRUARY 1995

Principal Office Address
903 WEST INDIES DRIVE
RAMROD KEY FL 33042

Alternate Office Address
903 WEST INDIES DRIVE
RAMROD KEY FL 33042

Check one WHOLE or PARTIAL YEAR

3. Date of Incorporation or Qualification	3a. Date of Last Report
02/17/1992	05/01/1994
4. FIC Number	Applied For Not Applicable
65-0327794	
5. Certificate of Status (Registered)	\$8.75 Additional Fee Required
6. Director Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Has corporation had liability for damages for violation of Florida Statutes	Yes ☐ No ☒

2. Principal Office Telephone	2a. Mailing Address
21	26
3. State of Incorporation	3a. State of Mailing Address
22	27
4. City & State	4a. City & State
23	28
5. County	5a. County
24	29
6. Zip	6a. Zip
25	30

9. Name and Address of Current Registered Agent

ERSKINE, LARRY R.
ROUTE 5, BOX 8
BIG PINE KEY FL 33043

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, 608, and 609, 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 provisions of Section 607, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer of Corporation

Signature of Registered Agent or Director or Officer of Corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND EMPLOYEES	
NAME	D MCSORLEY, CONCETTA 903 W. INDIES DR RAMROD KEY FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	☐ Change ☐ Addition
CITY & STATE		3. NAME	☐ Change ☐ Addition
NAME		4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	☐ Change ☐ Addition
CITY & STATE		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	☐ Change ☐ Addition
CITY & STATE		9. NAME	☐ Change ☐ Addition
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	☐ Change ☐ Addition
CITY & STATE		12. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in Section 13 of this form. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall serve as the authorized officer and signatory for the corporation on the record of the corporation. I am an officer or director of the corporation or the record of the corporation is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an officer or director with an address.

SIGNATURE:

Concetta M. Sorley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95