

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V74283** (5)  
1. Corporation Name  
**FLAHERTY PAINTING & WATERPROOFING, INC.**



Principal Place of Business: **16034 PEACH ORCHARD ROAD BROOKSVILLE FL 34614**  
Mailing Address: **16034 PEACH ORCHARD ROAD BROOKSVILLE FL 34614**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. <b>3434 E. HARTLEY CT</b> Suite, Apt. #, etc.	26. <b>16034 COUNTRY ACRES LWP</b> Suite, Apt. #, etc.	<b>10/26/1992</b>	<b>04/04/1995</b>
22. <b>UNIT 8</b>	27. <b>BROOKSVILLE - FLORIDA</b>	4. FEI Number	Applied For
23. <b>HERNANDO-INDUSTRIAL PK</b> City & State	28. <b>BROOKSVILLE - FLORIDA</b> City & State	<b>59-3151486</b>	<input type="checkbox"/> Not Applicable
24. <b>34442</b> Zip	29. <b>USA</b> Country	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. <b>USA</b> Country	30. <b>USA</b> Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FLAHERTY, JOSIANE</b> <b>16034 PEACH ORCHARD RD.</b> <b>BROOKSVILLE FL 34614</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		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 the corporation. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P</b> <b>FLAHERTY, JOSIANE</b>	2. NAME	
STREET ADDRESS	<b>16034 PEACH ORCHARD ROAD</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKSVILLE FL 34614</b>	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2. TITLE	
NAME	<b>V</b> <b>FLAHERTY, MONIQUE</b>	2. NAME	
STREET ADDRESS	<b>7416 NW 33ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAUDERHILL FL</b>	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	
NAME	<b>P</b> <b>FLAHERTY, SEAN</b>	3.2 NAME	
STREET ADDRESS	<b>16034 PEACH ORCHARD ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKSVILLE FL 34614</b>	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(k), 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: X *Josiane Flaherty* **JOSIANE FLAHERTY** 5/28/96 352-796-1910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)