

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048631

Entity Name: WILLIAM A. O'LEARY, P.A.

Current Principal Place of Business:

12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32223

Current Mailing Address:

PO BOX 56593
JACKSONVILLE, FL 32241

FEI Number: 20-0875733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'LEARY, WILLIAM A
12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32223 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name O'LEARY, WILLIAM A
Address 12143 DIVIDING OAKS TRAIL EAST
City-State-Zip: JACKSONVILLE FL 32223

Title VP
Name O'LEARY, WILLIAM A
Address 12143 DIVIDING OAKS TRAIL EAST
City-State-Zip: JACKSONVILLE FL 32223

Title SEC.
Name O'LEARY, WILLIAM A
Address 12143 DIVIDING OAKS TRAIL EAST
City-State-Zip: JACKSONVILLE FL 32223

Title TREA
Name O'LEARY, WILLIAM A
Address 12143 DIVIDING OAKS TRAIL EAST
City-State-Zip: JACKSONVILLE FL 32223

Title DIR.
Name O'LEARY, WILLIAM A
Address 12143 DIVIDING OAKS TRAIL EAST
City-State-Zip: JACKSONVILLE FL 32223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. O'LEARY

PRESIDENT

04/30/2016

Electronic Signature of Signing Officer/Director Detail

Date