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Apr 17 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 634915 (3)

1. Corporation Name
DONOVAN INDUSTRIES, INC.



Principal Place of Business: 360 SCARLETT BLVD, OLDSMAR FL 34677, US
Mailing Address: 360 SCARLETT BLVD, OLDSMAR FL 34677-3018, US

3. Date Incorporated or Qualified: 09/04/1979
3a. Date of Last Report: 04/25/1996
4. FEI Number: 59-2006502
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 13401 McCormick Dr., 22 TAMPA FL, 23 33626
2a. Mailing Address: 26 13401 McCormick Dr., 27 TAMPA FL, 28 33626

9. Name and Address of Current Registered Agent: DONOVAN, JAMES A, 10218 LAKE GROVE DR, ODESSA FL 33558

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	PD	NAME	DONOVAN, JAMES A.
STREET ADDRESS	360 SCARLETT BLVD.	CITY - ST - ZIP	OLDSMAR FL
TITLE	VP	NAME	DONOVAN, BRUCE A.
STREET ADDRESS	306 SCARLETT BLVD.	CITY - ST - ZIP	OLDSMAR FL
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	
TITLE		NAME	
STREET ADDRESS		CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE		1.2 NAME	
1.3 STREET ADDRESS	13401 McCormick Dr	1.4 CITY - ST - ZIP	TAMPA FL 33626
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS	13401 McCormick Dr	2.4 CITY - ST - ZIP	TAMPA FL 33626
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/6/97 DAYTIME PHONE #: 813-854-1547

CR2E034 (9/96)