

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V25460** (9)

1. Corporation Name
DONNELLY & GROSS, P.A.



Principal Place of Business
**204 2 UNIVERSITY AV
10
GAINESVILLE FL 32601
US**

Mailing Address
**PO BX 1308
GAINESVILLE FL 32602
US**

3. Date Incorporated or Qualified **03/30/1992** 3a. Date of Last Report **01/19/1995**

4. FEI Number **59-3113949** Applied For Not Applicable

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. 193.032, Florida Statutes Yes No

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
**GROSS, LAURA A.
205 W UNIVERSITY AV, #10
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent
81 Name **Laura Gross**
82 Street Address (P.O. Box Number is Not Acceptable) **204 West University Ave**
83 **Gainesville FL**
84 City **FL** 85 Zip Code **32601**

11. Pursuant to the provisions of Sections 607.0702 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 607.0705, Florida Statutes.

SIGNATURE: *Laura Gross* **Laura Gross President/Owner 2/26/96**

12. OFFICERS AND DIRECTORS

1. TITLE	D	<input type="checkbox"/> DELETE
2. NAME	GROSS, LAURA A.	
3. STREET ADDRESS	3225 NW 30TH PL	
4. CITY, ST, ZIP	GAINESVILLE FL	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	DONNELLY, PAUL A.	
7. STREET ADDRESS	3225 NW 30TH PL	
8. CITY, ST, ZIP	GAINESVILLE FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 Book 12 or Book 13, if changed, or other attachment with an address.

SIGNATURE: *Laura Gross*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Laura Gross

2/26/96 9043744001

CR2E034 (12/95)