FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 213019
1. Corporation Name

DONALDSON ELECTRIC COMPANY, INC.

Principal Place of Business VERNON RICHARD DONALDSON 10407 BESSENT RD NO. JACKSONVILLE FL 32218 Mailing Address

VERNON RICHARD DONALDSON 10407 BESSENT RD NO. FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90088 010 ***150.00



10407 BESSENT RD NO. JACKSONVILLE FL 32218		10407 BESSENT RD NO. JACKSONVILLE FL 32218			DO NOT	WRITE IN THIS	SPACE			
SACKSONVILLE	FL 32210	SACKGORVILLE FE SEETS			3. Dat	e Incorporated or Qua	alifed			
					06/	/14/1958				
2. Principal Pl	ace of Business	2a. Mailing Address			1	Number			pplied For	
Donaldson Electric 26					59	0832764		ميلسليت	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 3410 Winton Drive 27					5. Cer	tifcate of Status Desi	red 🗓		Additional equired	
City & State City & State					6. Elec	ction Campaign Finar	ncing _	\$5.00	May Be	
Jacksonville, Florida 28					Tru	st Fund Contribution		Added	to Fees	
Zip Country Zip Co					l l	s corporation owes th	e current year Inta		□No	
32208	120	29 30	<u> </u>			sonal Property Tax.	Naw Bagistored /	Yes	□NO	
	9. Name and Address of Current	Registered Agent	81	Name	10. Nai	me and Address of	vew Registered A	เลิดเห		
DONALDSON,V R				Mairie						
3410 WINTON DR			82	82 Street Address (P.O. Box Number is Not Acceptable)						
	SONVILLE FL 32208		83							
UACI.	CONTRILL TE GEEGG		03							
			84	City			Fi	85 Zip	Code	
		and 607 1609 Florida Statutos	the above		corporation suf	hmits this statement for	or the purpose of	hanging it	s registered	
11. Pursuant office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authors of, Section 607.0505, Florida	orized by Statutes	the corp	oration's board	of directors. I hereby	accept the appoir	itment as r	egistered	
SIGNATURE		(NOTE D.			required when reinsta	ting	DATE	<u> </u>	 [
	Signature, typed or printed name of registered agent a OFFICERS AND	The title is applicable.	13.	it signature i		ITIONS/CHANGES T		D DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			<u> </u>		☐ Change		
NAME	DONALDSON, VERNON R	_	1.2 NAME							
STREET ADDRESS	10407 BESSENT RD. N.		1.3 STREET	T ADDRESS						
	JACKSONVILLE FL		1.4 CITY-S							
CITY-ST-ZIP	VDS	X DELETE	2.1 TITLE		VP.	1.		☐ Change	Addition	
NAME			2.2 NAME			. Laws				
STREET ADDRESS	~		2.3 STREET	T ADDRESS	Pt8 Bo	ox 736-C			J	
CITY-ST-ZIP	JACKSONVILLE FL	}	2. 4 CITY- S		1	City, FL 3	2055			
TITLE	SD				S/T/D			X Change	Addition	
NAME					1 ' '	SON, ELIZA	BETH J			
STREET ADDRESS	10407 BESSENT RD. N.		3.3 STREE	TADORESS	10407	Bessent R	d. N			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY- 8	ST-ZIP	Jackso	nville, F	L			
TITLE	D	DELETE .	4.1 TITLE			,		Change	Addition	
NAME	DONALDSON,TONI L	**	4. 2 NAME		-					
STREET ADDRESS	10407 BESSENT RD. N.		4 3 STREET	T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CMY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS			i	T ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				F16:		
TITLÉ		☐ DEFELE	6.1 TITLE					Change	Addition	
NAME			6.2 NAME							
STREET ADDRESS			ŀ	T ADDRESS	1					
OUTV OT 75D			6.4 CITY-S	iT-ZIP	1					

14. I 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

MATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Despire Phone #

CR2E034 (11/98)