

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 551635 (6)

1. Corporation Name
ROBERT DONOVAN CONSTRUCTION, INC.

Principal Place of Business
139 TROY CIRCLE
FORT WALTON BEACH FL 32547 *Changed*

Mailing Address
139 TROY CIRCLE
FORT WALTON BEACH FL 32547 *Changed*



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1977

4. FEI Number
59-1815221

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 939 HARRELSON ST
Suite, Apt. #, etc.

22 City & State
23 Fort Walton Bch. FL

24 Zip 32547 25 Country USA

2a. Mailing Address
26 939 HARRELSON ST.
Suite, Apt. #, etc.

27 City & State
28 Fort Walton Bch FLA

29 Zip 32547 30 Country USA

9. Name and Address of Current Registered Agent

DONOVAN, ROBERT D
168 COUNTRY CLUB ROAD
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 *James D Monsees*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/98

12. OFFICERS AND DIRECTORS

TITLE PRA
NAME DONOVAN, ROBERT D
STREET ADDRESS 168 COUNTRY CLUB ROAD
CITY-ST-ZIP SHALIMAR FL 32579 ☐ DELETE

TITLE VPST
NAME MONSEES, JAMES D
STREET ADDRESS 139 TROY CIRCLE
CITY-ST-ZIP FT. WALTON BEACH FL 32547 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPST ☐ Change ☐ Addition
2.2 NAME MONSEES, JAMES D.
2.3 STREET ADDRESS 939 Harrelson St.
2.4 CITY-ST-ZIP Ft. Walton Bch FL 32547

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE *James D Monsees*

CR2E034 (10/97)