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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 602494

1. Corporation Name

DONALSO	N AND WATTINGLE, WID.	, FiMi					
Principal Place of	f Rusiness	Mailing Address			T PROTER BEING BRIEF HERE BEGIN COLOR	iik Ribii atoti bibii i	[](D
,	a Dustriess	P. O. BOX 6339					
P. O. BOX 6339 1515 COLONIAL BLVD. 1515 COLONIAL BLVD.							
FORT MYERS FL 33911 FORT MYERS FL 33911				DO NOT WRITE IN TH	IIS SPACE		
					3. Date Incorporated or Qualifed		
					10/27/1970		
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21 26				59-1305757		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75		
27						equired	
City & State City & State				6. Election Campaign Financing	\$5.00	, ,	
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year		
24	25	29 30	0		Personal Property Tax.	• Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registere	ea Agent	
CDEEN	I POLICE D		"	Name			
GREEN, BRUCE D 12800 UNIVERSITY DRIVE SUITE 600 FORT MYERS FL 33907		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
		83				1	
		84 City			. 85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				FL 165			
		2 010 007.1000, 110100 01010100		e-nameu co			
office or regi agent. I am f SIGNATURE	istered agent, or both, in the State (familiar with, and accept the obligat	of Florida, Such change was auth tions of, Section 607.0505, Florid	norized by la Statutes	the corpora	ation's board of directors. I hereby accept the ap	pointment as re	gistered
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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 of 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP