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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 605574

DONNA JEAN REALTY, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90038 021 ***150.00



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Principal Place of Business Mailing Address							
1001 E. BAKER ST., COURTYARD SO #201 PLANT CITY FL 33566		1001 E. BAKER ST., COURTYARD SO #201 PLANT CITY F£ 33566			DO NOT WRITE IN THIS	SDACE	
					3. Date Incorporated or Qualifed	JI NOL	
					01/02/1979	····	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26	<u> </u>		00 101 1001		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23	28			Trust Fund Contribution		to Fees	
Zip Country Zip			Country		8. This corporation owes the current year Int	angible	
24	25	29 30	•		Personal Property Tax	🖺 Yes	⊘ √No
24	9 Name and Address of Currer				10. Name and Address of New Registered	Agent	
9. Name and Address of Current Registered Agent				Name			
CROCKER, DONNA JEAN							
	Q. #201	82	Street A	ddress (P.O. Box Number is Not Acceptable)		1	
	NT CITY FL 33566	- "	83				
			84	City	FI	85 Zip	Code
SIGNATURE	DONNA_JEAN_CROCKER_PRESIgnature, typed or printed name of registered age OFFICERS AT	SIDENT IN and title if applicable INOTE Require ND DIRECTORS	L (L. stered Agé 13.	(signature red	unred when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PD		1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition
NAME	CROCKER, DONNA JEAN	i	1.2 NAME				1
Į l				TADDRESS			Ì
STREET ADDRESS	B		1 4 CITY-5	i			
CITY-ST-ZIP TITLE			21 TITLE	31-211		Change	☐ Addition
	= :	_ n	2 2 NAME	1		_	ì
NAME	CROCKER, DONNA JEAN	1		-T ADADEGA			
STREET ADDRESS	1001 EAST BAKER ST #201			TADDRESS			1
CITY-ST-ZIP	PLANT CITY FL		2 4 CITY- 3 1 TITLE	S1-2iP		Change	Addition
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STREET ADDRESS				ľ			
CITY-S1-ZIP			5.4 CITY-: 6.1 TITLE	51-ZIP		Change	Addition
TITLE						□ change	□ Modinon
NAME		H	6 2 NAME	1			
STREET ADDRESS		ı		T ADDRESS			
CITY-ST-ZIP		<u></u>	6 4 CITY-	ST-ZIP			

14. Thereby certify that the information supplied with this filling 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 of 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 of truetee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 it changed or on an attachment with an address, with all other like empowered.

SIGNATURE: