FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90264 034 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Corporation	VIEN I # 650260 A. DONOVAN, P.A.	•			
Principal Place	e of Business	Mailing Address			211 91611 61911 21211 61911 1001
2664 AIRPORT NAPLES FL 341 US		2664 AIRPORT RD. SO. NAPLES FL 34112 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 01/02/1980	SPACE
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1958669	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State	الرائد سيها المتواطعات	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inte	angible MaYes □No
24	25 Course	29 30	0	Personal Property Tax. 10. Name and Address of New Registered A	
	9. Name and Address of Curren	t Kegistered Agent	81 Name	To. Hallio alla statione si troni in Sierra	
DONOVAN, WILLIAM A 2664 AIRPORT RD. SO. NAPLES FL 33962			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
			84 City	FL.	85 Zip Code 34/12
office or n	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida. Such change was autr tions of, Section 607.0505, Florid	nonzed by the corporatio		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD .	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DONOVAN, WILLIAM A.		1.2 NAME		
STREET ADDRESS	2664 AIRPORT RD., SO.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADORESS	,		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Change Addition
TITLE	 .	DELETE	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	-	☐ Change ☐ Addition
TITLE			4. 2 NAME		- —
NAME STOCKT ADODESS			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
I NAME			5.2 NAME		
STREET ADDRESS	{		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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 chapged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS