

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:30

DOCUMENT # 758566 (4)

1. Corporation Name

DONOVAN'S PARK ASSEMBLY, INC.

Principal Place of Business

16940 NORTH US 19, #412  
CLEARWATER FL 34624

Mailing Address

16940 NORTH US 19, #412  
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1981

3a. Date of Last Report

03/01/1994

4. FBI Number

59-2662418

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNN, ROSE  
LOT #412, 16940 NORTH US 19  
CLEARWATER FL 34624

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 Rose Lynn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME RANKIN, HOWARD  
STREET ADDRESS 137 1ST ST. 16940 N. US 19  
CITY- ST- ZIP CLEARWATER FL

1.1 TITLE D  
1.2 NAME Cervini, Jerry  
1.3 STREET ADDRESS 410 4th St. 16940 N. US 19  
1.4 CITY- ST- ZIP Clearwater, FL

☒ Change ☐ Addition

TITLE D  
NAME PINKARD, JACE  
STREET ADDRESS 125 1ST ST, 16940 N US 19  
CITY- ST- ZIP CLEARWATER, FL 00000

2.1 TITLE D  
2.2 NAME Musgrave, David  
2.3 STREET ADDRESS 236 2nd St. 16940 N US 19  
2.4 CITY- ST- ZIP Clearwater, FL

☒ Change ☐ Addition

TITLE D  
NAME HULLA, NORMAN  
STREET ADDRESS 430 4TH ST 16940 N US 19  
CITY- ST- ZIP CLEARWATER, FL 00000

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

☐ Change ☐ Addition

TITLE  
NAME LYNN, ROSE  
STREET ADDRESS 412 4TH ST. 16940 N US 19  
CITY- ST- ZIP CLEARWATER FL

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

☐ Change ☐ Addition

TITLE P  
NAME RANKIN, MARY JANE  
STREET ADDRESS 137 1ST ST. 16940 N. US 19  
CITY- ST- ZIP CLEARWATER, FL 00000

5.1 TITLE P  
5.2 NAME Avery, Ronald  
5.3 STREET ADDRESS 424 4th St. 16940 N US 19  
5.4 CITY- ST- ZIP Clearwater, FL

☒ Change ☐ Addition

TITLE S  
NAME PINKARD, CHARLENE  
STREET ADDRESS 125 1ST ST, 16940 N US 19  
CITY- ST- ZIP CLEARWATER, FL 00000

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Avery (p)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Name

3-20-95 535-5658