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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90091 001 ***150.00

DOCUMENT # **F27692**

1. Corporation Name

DON-AL, INC.

Principal Place of Business

Mailing Address



| 325 NO ORLANDO AVENUE P. O. BOX 320680 COCOA BEACH FL 32932-7680 | | 325 NO ORLANDO AVENUE P. O. BOX 320680 COCOA 8EACH FL 32932-7680 | | | DO NOT WRITE IN THIS SPACE | | | |
|---|----------------|--|--------------------|---|---|----------------------------------|----------------|--|
| | | | | | 3. Date Incorporated or Qualifed 04/01/1981 | | | |
| 2. Principal Pla | ce of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | | 59-2087211 | | Not Applicable | |
| | | Suite: Apt-#; etc. | Suite: Apt. # etc. | | 5. Certificate of Status Desired | = \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| Zip 24 | Country 25 | Zip Country 29 30 | | | This corporation owes the current year Personal Property Tax. | Intangible | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | |
| GENSLER, MICHAEL P 325 NO ORLANDO AVENUE COCOA BEACH, FLORIDA 32931 | | | 81 | Name | | | | |
| | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 83 | | | | | |
| | | | 84 | City | F | 'L | 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 | | | | | | | | |

| | • | | |
|------------------|---|-------------------------------|---|
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re | egistered Agent signature req | required when reinstating) DATE |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP □ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | GENSLER, MICHAEL P | 1.2 NAME | |
| STREET ADDRESS | 408 SURF ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BCH. FL | 1.4 CITY-ST-ZIP | · |
| TITLE | D DELETE | 2.1 TITLE | Change Addition |
| NAME | GENSLER, DONNA S | 2.2 NAME | |
| _ STREET ADDRESS | 408 SURF ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MELBOURNE BCH. FL | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ OELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | • | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | Change Addition |
| NAME | | 4. 2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY+ST-ZIP | <u> </u> |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE 3.50 | DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | 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 arn 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 express, with all other like empowered.