FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F42346** **(9)**

1. Corporation Name

DON-VI, INCORPORATED

Principal Place of Business
PO BOX 69
VENICE FL 34284

Mailing Address
PO BOX 69
VENICE FL 34284

2. Principal Place of Business — 21
Suite Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 08/26/1981
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-2126318 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MARKSBURY, RALPH
997 N. TAMIAMI TRAIL
VENICE FL 34285

10. Name and Address of New Registered Agent
81 Name: GENE MORRIS
82 Street Address (P.O. Box Number is Not Acceptable): 997 N. VENICE BYPASS
83
84 City: Venice FL 85 Zip Code: 34285

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, 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: Eugene Morris — DATE: 4/19/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, EUGENE	1.2 NAME	
STREET ADDRESS	997 N. TAMIAMI TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARKSBURY, RALPH	2.2 NAME	
STREET ADDRESS	997 N. TAMIAMI TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TODD, NORMAN	3.2 NAME	
STREET ADDRESS	997 N. TAMIAMI TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	PATE, ANILKUMAR R.	4.2 NAME	
STREET ADDRESS	524 LYONS BAY RD.	4.3 STREET ADDRESS	PATEL ANILKUMAR R.
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	400001828704
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/20/96--01033--002 ***200.00
TITLE	☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gene Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/26/96 Daytime Phone #

CR2E034 (12/95)