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	Mailing Address
PO BOX 69 VENICE FL 34284	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 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] DATE 4/19/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MORRIS, EUGENE	
STREET ADDRESS	997 N. TAMIAMI TRAIL	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	ST	☐ DELETE
NAME	MARKSBURY, RALPH	
STREET ADDRESS	997 N. TAMIAMI TRAIL	
CITY-ST-ZIP	VENICE, FL 00000	
TITLE	D	☐ DELETE
NAME	TODD, NORMAN	
STREET ADDRESS	997 N. TAMIAMI TRAIL	
CITY-ST-ZIP	VENICE FL	
TITLE	D	☐ DELETE
NAME	PATE, ANILKUMAR R.	
STREET ADDRESS	524 LYONS BAY RD.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	PATEL ANILKUMAR R.	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	400001828704	
5.3 STREET ADDRESS	-05/20/96--01033--002	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature] Gene Morris — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 3/26/96 — Daytime Phone #

CR2E034 (12/95)