

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 11:07

DOCUMENT # **G96555** (9)

1. Corporation Name

DONKAR ENTERPRISES, INCORPORATED

Principal Place of Business

**4704 FAIRLEA DRIVE
VALRICO FL 33594**

Mailing Address

**4704 FAIRLEA DRIVE
VALRICO FL 33594**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1984

3a. Date of Last Report

01/28/1994

2. Principal Place of Business

21 5202 COTO PLACE

2a. Mailing Address

26 5202 COTO PLACE

4. FEI Number

59-2403887

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

23 VALRICO FL

City & State

28 VALRICO FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 33594

Country

Zip

29 33594

Country

6. This corporation has liability for intangible tax under S. 199 US&2,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BENNETT, JERRY C.
4701 FAIRLEA DRIVE
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81 Name DONALD C MARSH

82 Street Address (P.O. Box Number is Not Acceptable)

5202 COTO PLACE

83

84 City

VALRICO

FL

85 Zip Code

33594

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

(Typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

5-22-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARSH, DONALD C.
STREET ADDRESS	4704 FAIRLEA DRIVE
CITY - ST - ZIP	VALRICO FL
TITLE	STD
NAME	MARSH, KAREN J.
STREET ADDRESS	4704 FAIRLEA DRIVE
CITY - ST - ZIP	VALRICO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Typed or printed name of signing officer or director)

KAREN J MARSH

5-22-95

013/60263141