FILED Mar 10, 1999 8:00 am

Secretary of State

03-10-1999 90150 041 \*\*\*150.00

## 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

## DOCUMENT # H31436

20 SOUTH MAIN ST.

GAINESVILLE FL

JAMES M. DONOHOE, JR., P.A.

Mailing Address Principal Place of Business % JAMES M. DONOHOE, JR % JAMES M. DONOHOE. JR. 20 SOUTH MAIN ST. 20 SOUTH MAIN ST. DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32601 GAINESVILLE FL 32601 3. Date Incorporated or Qualifed 11/27/1984 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2465309 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes the current year Intangible Country Zip Zip ☐ Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DONOHOE, JAMES M., JR. Street Address (P.O. Box Number is Not Acceptable) 82 20 SOUTH MAIN ST. GAINESVILLE FL 32601 83 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE **PSC** TITLE 12 NAME DONOHOE, JAMES M., JR.

2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 61 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

13 STREET ADDRESS

1.4 CITY-ST-ZIP

21 TITLE

DELETE

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 am an officer or director of the comporation 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, with all other like empowered.

6.4 CITY-ST-ZIF

SIGNATURE:

CITY-ST-ZIP

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIF

or president

. [ ] Change

CR2E034 (11/98)\_\_

☐ Addition

□No