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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(6)

DONNELLY & DONNELLY COMPANY

DONNEL	LY & DONNELLY COMPAN		,			
Principal Place of Business Mailing Address  ** EDWARD D. DONNELLY						
LAKELANU PL	33013	EAREDAND TE 33013			3. Date incorporated or Qualified 04/16/1987	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-2804903	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Oity & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30 Coun	try	8. This corporation has liability for in Florida Statutes Yes	<b>⊠</b> No
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Re	gistered Agent
			1	81 Name		
DONNELLY, EDWARD CHARLES 4721 QUEENS POINT					iress (P.O. Box Number is Not Acceptable	)
LAKELAN	ID FL 33813			83		
			-	B4 City		FL 85 Zip Code
11 Purcuant to	the provisions of Sections 607 0502 a	nd 607.1508. Florida Statu	ites, the abov	e-named corpo	oration submits this statement for the purp	rose of changing its registered office
or reactors	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	- Such change was aumon	zeo ov me ce	orporation's boa	and of directors. Thereby accept the appo	intment as registered agent. I am
	it, and accept the doilgations of, country	1007.0000, 1107.00				
SIGNATURE _	Signature, speed or per tect happe of registerest agent at			gatsgrafie rejar		DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	DONNELLY SOMADO D		1 1 11			
NAME	DONNELLY, EDWARD D. 1111 PALACE PLACE		1.2 NA			
STREET ADDRESS	LAKELAND FL			REET ADDRESS		
CHTY - ST - ZiP				Y - ST - ZIP	Change Addition	
TITLE	VPS [] DELETE DONNELLY, EDWARD CHARLES		2 1 TITLE 2 2 NAME			C. C. Maria
NAME	4721 QUEENS POINT DR.	0				
STREET ADDRESS	LAKELAND FL			REET ADDRESS		
CITY-ST-ZIP	CALCONOTE	☐ DFLETE	3 1 1	Y-SI-ZIP		Change Addition
THILE		_ bittie	3 2 NA			
NAME				HEET ADDRESS		
STREET ADDRESS				Y St. ZiP		
CITY-ST-ZIP TITLE		T) DELETE	4 1 Ti			Change Addition
			4.2 NA	ME		
NAME STREET ADDRESS				REET ADDRESS		
CITY-ST ZIP			1	n - ST-ZIF		
TITLE	☐ DELETE		5 1 7	Change C Addition		
NAME		-	5.2 NA	IME		
STREET ADDRESS			5351	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE.	6 1 1			☐ Change ☐ Addition
NAME			6.2 N/	WF .		
STREET ADDRESS			635	REEL ADDRESS		
OITY OF 710			64C	TY-ST ZIP		
14. Ldo hereb	y certify that the information supplied w	oth this fling is voluntarily fu	imished and	does not qualify	y for the exemption stated in Section 119.	07(3)(k), Fiorida Statutes I further

certify that the information indicated on this armusi 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 attainment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DONALELLY

5-9-96 941-644-2597