Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90035 029 \*\*\*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 # **J67887**

1. Corporation Name

**DONNELLY & DONNELLY COMPANY** 

											8)
Principal P ace of Business Mailing Address					_						
% EDWARD D. DONNELLY		% EDWARD D. DONNELLY				}					
4721 QUEENS POINT DR		4721 OUEENS POINT DR				DO NOT WRIT	FE IN TU	IC CDAC	_		
LAKELAND FL	33813	LAKELAND FL 33813	KELAND FL 33813					IE IN IF	15 SPAC		——
							3. Date Incorporated or Qualifed 04/16/1987				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number			App	lied For
		26				59-2804903				Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired				iditional	
22		27						F	ee Re	ulred	
City & State		City & State				6. Election Campaign Financing	$\Box$			May Be	
23		28					Trust Fund Contribution		A	dded to	Fees
Zip	Cour try	Zip	Cou	ntry			8. This corporation owes the curr	ent year			,,,,
24	25	29	30				Persor al Property Tax.		Ye	S	[∃No
	9. Name and Address of Current	Registered Agent		04			10. Name and Address of New P	legistere	d Agent		
DOM	INELLY, EDWARD CHARLES		i	81	Name						
				82	Street Acd		ss (P.O. Box Number is Not Accepta	ible)			
	QUEENS POINT										
LAKI	ELAND FL 33813		i	83							
			'	84	City			F	85	Zip C	ode
44 D	to the provisions of Sections 607.0502	and 607 1609 Florida Statu	os the al	2016	-named n	20.200	ration submits this statement for the	Durpose	of chang	ina its	registered
office or r	registered agent, or both, in the State or familiar with, and accept the obligati	· Florida. Such change was	authorized	l by	the corpo	retion	n's board of cirectors. I hereby accep	t the app	ointmen	as reg	gistered
SIGNATURE											
<del></del>	Signature, typed or printed nar ie of registered agent			Agen	t signature re	qu red	when reinstating) ADDITIC NS/CHANGES TO OF	DATE	UND DIE	FCTO	ES IN 12
12.	OFFICERS AND	DIRECTORS	13.				ADDITIC NS/CHANGES TO OF	I IOEKS /		hange	Addition
TITLE	DPT COMMENT COMMENTS				1						
NAME	DONNELLY, EDWARD D.		A	1.2 NAME							
STREET ADDRESS	<b>`</b>		- 1		ADDRESS						
CITY-ST-ZIP	LAKELAND FL			1,4 CITY-ST-ZIP							☐ Addition
TITLE	VPS	☐ DELETE	2.1 TIT	LE						hange	Addition
NAME				22 NAME							ì
STREET ADDRES S				2.3 STREET ADDRESS							
CITY-ST-ZIP	LAKELAND FL			TY-\$	T-ZIP						
TITLE		☐ DELETE	3.1 TT	UE	j				∐C	hange	☐ Addition
NAME			32 N/	ME							
STREET ADDRESS			3.3 \$1	REET	ADDRESS						
CITY-ST-ZIP			34 C	TY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TI	ΠE	Į.				□с	hange	☐ Addition
NAME			4, 2 NAME								
STREET ADDRESS			4 3 S1	REET	ADDRESS						
CITY-ST-ZIP			4.4 CITY-5		1				<del>-</del>		
TITLE		☐ DELETE	5.1 TC	ΓLE	7					hange	☐ Addition
NAME			5 2 NA	ME	j						
STREET ADDRES 3			5.3 \$1	REET	ADDRESS						
CITY-ST-ZIP			5.4 CI	TY-51	r-ZIP						
TITLE		☐ DELETE	6.1 TI	TLE					□с	hange	Addition
11444F			6.2 NA	ME	1						

14. I hereby certify that the information supplied with this filling 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 uncer 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, with all other like empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRES

CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNARG OFFICER OR DIRECTOR