FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:01

DOCUMENT # K49815 (9)

1. Corporation Name
DONCLAY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
P O BOX 2424 WEST PALM BEACH FL 33402	P O BOX 2424 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1988
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0086661 ☐ 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 § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, DONALD C
1815 N CONGRESS AVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and the date signed (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	V ☐ Change ☐ Addition
NAME	BROWN, TED E.	12 NAME	BROWN, JAMES L.
STREET ADDRESS	3624 STONEHAVEN CT.	13 STREET ADDRESS	3341 N.W. 66 ST.
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	FT. LAUDERDALE, FL.
TITLE	V	21 TITLE	V ☐ Change ☐ Addition
NAME	BROWN, JAMES L.	22 NAME	BROWN, HOWARD C.
STREET ADDRESS	3341 N.W. 66 ST.	23 STREET ADDRESS	5503 PALEO PINE
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	FT. PIERCE, FL.
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, HOWARD C.	32 NAME	
STREET ADDRESS	5503 PALEO PINE	33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is effective and 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 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: Donald C. Brown / DONALD C. BROWN — 2/20/95 — (407) 683-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0436177 FP