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

K87773

(3)

DOCUMENT # 1. Corporation Name DON-ROSE, INC. Principal Place of Business Mailing Address



14142 HUDSO DADE CITY FL US	n lane	14142 HUDSON LANE DADE CITY FL 33525					. 3 •		
05		US	US			3. Date Incorporated or Qualified			•
2. Principal Pla	ce of Business	2a. Mailing Address				05/12/1989 4. FEI Number	1 04	121/18	Applied For
1	00 01 250011000	26				59-2978258			Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		Cily & State				Election Campaign Financing Trust Fund Contribution		\$5.0	00 May Be
Z ₍ ρ	Country 25	Ζ _Ι ρ 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				· · · · · · · · · · · · · · · · · · ·
BLANTON, DONALD K. 14142 HUDSON LN					Street Add	ress (P.O. Box Number is Not Acceptabl	le)		
DADE CI	TY 33525			83					
				84	City		FL	85 2	ip Code
SIGNATURE	ligned in product printed name of registrous agen OFFICERS AN	ravonce Lappinahik (h ID DIRECTORS	OTE Registered	Agen	it signature require	co when reinstating. ADDITIONS/CHANGES TO OFFI	DATE CERS AND	NDECT	ODS IN 12
TIII.E	D	DELETE	1. 1 Ti	n F		ADDITIONS/CHANGES TO OFF) Change	Addition
NAM:	BLANTON, DONALD K.	L	1.2 NA				_	j vilango	
STREET ADDRESS	14142 HUDSON LANE		1.3 ST	REET	ADDRESS				
CHIY-ST-ZIP	DADE CITY FL		1401	TY-S	il - ZIP				
III.E	VP	DELETE	2 1 1	ILE			Ĺ] Change	☐ Addition
NAME	BLANTON, CANDICE ROSE		2 ? NA		1				
STREET ACORESS	14142 HUDSON LANE				ADDRESS				
DITY - ST. ZIP HILLE	DADE CITY FL	☐ DELETE	2 4 CI		1 - ZIP		· · · · · · · · · · · · · · · · · · ·	1 Change	[] Addition
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HILE		DELETE	4.17([] Change	☐ Addition
NAME STREET ADDRESS			4.2 NA		ADODECC				
CITA-2: SIG			4.3 S/		ADDRESS T. ZIP				
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IAME			5 2 NA				_	- -	_
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NAME case a recorso			6 2 NA						
STREET ADDRESS CITY-ST-ZIP					ADURESS				
· · · · · · · · · · · · · · · · · · ·	certify that the information supplied	with this filing is voluntarily for	6401			for the exemption stated in Section 119.0	37/3VL) Flor	do Ctob	ton I further

recording 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 of 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 any dischment with an address.

SIGNATURE