FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED May 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT #
1. Corporation Name (O) DONEGAN PROPERTIES INC. Principal Place of Business Mailing Address **% MYRON DEETZ** 1146 E DONEGAN AVENUE 1130 E DONEGAN AVE KISSIMMEE FL 34744 KISSIMMEE FL 34744 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2970107 Not Applicable 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Z(p)Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEETZ. MYRON 1148 E. DONEGAN AVENUE Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34744 83 84 City 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 Signature, typed or printed name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE ■ Addition TITLE 1.1 TITLE DEETZ, MYRON NAME 1.2 NAME 1148 E DONEGAN AVENUE STREET ADDRESS 1.3 STREET ADDRESS KISSIMMEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE COMPTON, BARRY NAME 2.2 NAME 1130 E DONEGAN AVE STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 2. 4 CITY-ST-7IP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition

CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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 corporation or the receiver or trustee empeyered 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Addition

Change