

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90017 037 \*\*\*550.00

**DOCUMENT # L42897**

1. Corporation Name

**DONNA HUMPHREY, INC.**

Principal Place of Business

628 SOUTHWIND CIRCLE, #5  
NORTH PALM BEACH FL 33408  
US

Mailing Address

628 SOUTHWIND CIRCLE, #5  
NORTH PALM BEACH FL 33408  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/29/1989**

4. FEI Number

**59-2982694**

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 owes the current year  
Intangible Personal Property.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 **3640 INVESTMENT LANE**

26 **3640 INVESTMENT LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#26**

27 **#26**

City & State

City & State

23 **RIVIERA BEACH, FLORIDA**

28 **RIVIERA BEACH, FLORIDA**

Zip

Country

Zip

Country

24 **33404**

25 **U.S.A.**

29 **33404**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHREY, DONNA L  
628 SOUTHWIND CIRCLE, #5  
NORTH PALM BEACH FL 33408

81 Name

**DONNA L. HUMPHREY**

82 Street Address (P.O. Box Number is Not Acceptable)

**3640 INVESTMENT LANE #26**

83

84 City

**RIVIERA BEACH**

FL

85 Zip Code

**33404**

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 **Donna L. Humphrey** **DONNA L. HUMPHREY** **PRESIDENT** **JULY 23, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **HUMPHREY, DONNA L**  
STREET ADDRESS **628 SOUTHWIND CIRCLE, #5**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **DONNA L. HUMPHREY**  
1.3 STREET ADDRESS **3640 INVESTMENT LANE #26**  
1.4 CITY-ST-ZIP **RIVIERA BEACH, FLORIDA 33404**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby 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 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: **Donna L. Humphrey** **DONNA L. HUMPHREY PRES. JULY 23, 1999 561-848-0065**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0071937

CR2E034 (5/99)