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 -7 PM 3:11

DOCUMENT # L60109 (0)

1. Corporation Name
DONAVAN ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
1406 HAYS ST #8 TALLAHASSEE FL 32301-9643	1406 HAYS ST #8 TALLAHASSEE FL 32301-9643

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business	2a. Mailing Address
21 2057 BELLWOOD DR.	26 2057 BELLWOOD DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TALLAHASSEE, FL	28 City & State: TALLAHASSEE, FL
24 Zip: 32303 25 Country: USA	29 Zip: 32303 30 Country: USA

4. FEI Number: 65-0181552 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCFARLAIN, RICHARD C.
215 SOUTH MONROE ST.
SUITE 600
TALLAHASSEE FL 32301

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 title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	S ☑ Change ☐ Addition
NAME	POOLE, VAN B., JR.	12 NAME	Poole, Van B. Jr
STREET ADDRESS	6380 THOMASVILLE RD.	13 STREET ADDRESS	6380 Thomasville Rd
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee FL 32312
TITLE	D	21 TITLE	P/T ☑ Change ☐ Addition
NAME	POOLE, DONNA MAGGERT	22 NAME	Poole, Donna Maggert
STREET ADDRESS	6380 THOMASVILLE RD.	23 STREET ADDRESS	6380 Thomasville Rd
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Tallahassee FL 32312
TITLE		31 TITLE	V/D ☐ Change ☑ Addition
NAME		32 NAME	Wayne Huizenga, Jr.
STREET ADDRESS		33 STREET ADDRESS	200 South Andrews Ave 6th Floor
CITY-ST-ZIP		34 CITY-ST-ZIP	Tallahassee FL 33301
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 voluntarily furnished 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: Donna Maggert Poole 2/2/95 904-531-0641
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Donna Maggert Poole

0025791 CP