

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L72041

(1)

1. Corporation Name

EMMA H. DONOVAN, INC.



Principal Place of Business

% EMMA H. DONOVAN  
2529 CANTERBURY DRIVE NORTH  
W PALM BEACH FL 33407

Mailing Address

% EMMA H. DONOVAN  
2529 CANTERBURY DRIVE NORTH  
W PALM BEACH FL 33407

2. Principal Place of Business

21 Suite, Apt., etc.

22 City & State

23 Zip

Country

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2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28 Zip

Country

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9. Name and Address of Current Registered Agent

DONOVAN, EMMA H.  
2529 CANTERBURY DRIVE NORTH  
W PALM BEACH FL 33407

3. Date Incorporated or Qualified

05/08/1990

3a. Date of Last Report

04/07/1995

4. FET Number

65-0193555

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

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 607.1506, 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 of registered agent or person authorized to act as agent

Signature of registered agent or person authorized to act as agent

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

DONOVAN, EMMA H.  
2529 CANTERBURY DR NORTH  
W PALM BEACH FL

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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)(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 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:

*Emma H. Donovan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President* 407-863-1542

CR2E034 (12/95)