

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L72041

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 13 FIR TRAIL WAY

22 Ocala, FLORIDA

23 34472 MARION

24 Zip Country

2a. Mailing Address

26 13 FIR TRAIL WAY

27 Ocala, FLORIDA

28 34472 MARION

29 Zip Country

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1990

4. FEI 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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name Emma H. DONOVAN

82 Street Address (P.O. Box Number is Not Acceptable)
13 FIR TRAIL WAY

83 Ocala, FLORIDA 34472

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 Emma H. Donovan EMMA H. DONOVAN PRESIDENT ADDRESS CHANGE ONLY 1/21/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME DONOVAN, EMMA H.
STREET ADDRESS 2529 CANTERBURY DR NORTH
CITY-ST-ZIP W PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME DONOVAN, EMMA H.
1.3 STREET ADDRESS 13 FIR TRAIL WAY
1.4 CITY-ST-ZIP Ocala, FLA. 34472

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

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

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

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE: Emma H. Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 1/21/99 352-687-8186
Date Daytime Phone #

CR2E034 (1/98)