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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	<u>/1411</u>	vw posiui	SS REPORT	(UE	5K)					
DOCUMENT #M86431 1. Entity Name R.D. DONALDSON, INC.										
Principal Pla	ace of Busines	3	Mailing Address			\dashv				
300F ## 0=111=			P. O. BOX 1498			ĺ				
PALM CITY, FL 34990 US PALM CITY, FL 34991				US						
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2. Principal	Place of Busin	200	3. Mailing Address			_	1 (23/23)) (3/ (3/2 2/)) 2 (4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND MINUS BAR	i dirini dini dini dini dini dini	I
	, moo or busin	1033	✓ Malling Address			-			i 1 1 , 1 , 2 , 2 , 3 , 4 , 5 , 6 , 7 , 7 , 8 , 7 , 7 , 8 , 7 , 7 , 7 , 7	
Suite, Ap	I. #, etc.		Suite, Apt. ≢, etc.	Suite, Apt. #, etc.						
				<u> </u>			CHECK HERE I	F MAKING	CHANGES	
City & State			City & State	-	7	. FEI Number		Applied For	7	
Žip.	Zip Country					\perp	65-0062297		Not Applicable	<u>.</u>
2.6		Country	Z ip	Coun	itry	- 1	Certificate of Status Desired	п	8.75 Additional	
	6. Name	and Address of Current	Registered Agent	Istered Agent			. Name and Address of New Ro		ee Required	4
COOCE E		-			Name		- 100 He Blick Accounts by 1464 15	egistered A	gent	-
GOOGE, BUDDY 401 E. OSCEOLA ST.										
STUART, F				Street Address (F			. Box Number is Not Acceptable)		
										╡
					City				T =	
9 The share					'		·	FL	Zip Code	ŀ
the obliga	e named entity Lichasof registe	/ Submits this statement to ered agent.	or the purpose of changing its	registere	ed office or regis	tered	agent, or both, in the State of Fior	rica. I am fa	miliar with, and accept	1
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SIGNATURE	Sizatus book	or primed name of agine act agent	The state of the s					-	<u> </u>	
				. Registere	d Agenta igruptum migu	i di uhi	n reinsteiling)	DATE		1
And Make Chec	er May 1 20 Amerided Payable to	FEE \$ \$166.00% 03 Fee will be \$650.00 UBR is \$61.26 Florida Department	J. Tore				Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	THE REAL PROPERTY AND ADDRESS OF THE PERSON	OFFICERS AND	DIRECTORS	11.			DDITIONS/CHANGES TO OFFIC	TEDO AND F	NDECTODO IN 44	
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indicated	erery mat the i on this report (nformation supplied with t or supplemental report is t	this filing does not qualify for ti	he exemp	ption stated in S	ection	119.07(3Xi), Florida Statutes, I fu	rther certify	that the information	
of the corp changed.	oration or the or on an attac!	receiver or trustee empow	vered to execute this report as the all other like empowered.	require	d by Chapter 50	7, Flo	119.07(3Xi), Florida Statutes, I full legal effect as if made under oat da Statutes; and that my name a	n; instil am ppears in Bi	nn officer or director lock 10 or Block 11 if	
	Į.	P. //	1							
SIGNATI	URE:	am O	evelle-	_			7/25/63	772	403843	
		SIGNATURE AND TYPED OR PH	INTERNAME OF SIGNING OFFICER OF	DIRECTOR	A				- V / / /	