

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 MAR -9 PM 4:12

DOCUMENT # **P40188 (5)**

1. Corporation Name
DONOVAN & DEVLIN INVESTIGATIONS, INC.

Principal Place of Business Mailing Address
4343 SHALLOWFORD RD. STE H-7 MARIETTA GA 30062
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/25/1992** 3a. Date of Last Report **03/22/1994**

4. FEI Number **58-1947172** 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

2. Principal Place of Business 2a. Mailing Address
21 **500 Sun Valley Drive** 26 **500 Sun Valley Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **G-2** 27 **G-2**
City & State City & State
23 **Roswell, GA** 28 **Roswell, GA**
Zip Country Zip Country
24 **30076-1481** 25 **USA** 29 **30076-1481** 30 **USA**

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.05(2) and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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 607.05(2), Florida Statutes.

SIGNATURE *Sally A. Devlin* **Sally Devlin, President** DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEVLIN, SALLY
STREET ADDRESS	4343 SHALLOWFORD RD., #E5
CITY-ST-ZIP	MARIETTA GA
TITLE	VD
NAME	LICATA, ROBERT
STREET ADDRESS	4343 SHALLOWFORD RD., #E5
CITY-ST-ZIP	MARIETTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Licata, Robert
1.3 STREET ADDRESS	500 Sun Valley Drive, Suite G-2
1.4 CITY-ST-ZIP	Roswell, GA 30076
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Devlin, Sally
2.3 STREET ADDRESS	500 Sun Valley Drive, Suite G-2
2.4 CITY-ST-ZIP	Roswell, GA 30076
3.1 TITLE	SDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jefferson, Alan
3.3 STREET ADDRESS	500 Sun Valley Drive, Suite G-2
3.4 CITY-ST-ZIP	Roswell, GA 30076
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: *Sally A. Devlin* **SALLY A. Devlin** (404) 894-9661