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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200009338 (4)

DONNA PLANTATION INCORPORATED

Principal Flace of Business Mailing Address

RT 6 BOX 61 RT 6 BOX 61
OUINCY FL 32351 OUINCY FL 32351-8251

FILED Apr 15 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 12/04/1992		te of Last Re 2 4/1996	∍port	
2 Principal	Place of Business	2a. Mailing Add	ress			4. FEI Number	V7/1		plied For	
,	riade of business 26					59-3153282		Not Applicabl		
Suite, Ap	ol #. elc.	Suite, Apt #	, etc.					\$8.75 A		
22	27					6. Certificate of Status Desired	te of Status Desired Fee Required			
Oity & Sta	ale	City & State	****			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zφ.	Country 25	Zip 29	30	Country		8. This corporation has liability for Florida Statutes	intangible Yes	tax under s. No	199.032,	
	9. Name and Address of Cu	urrent Registered Agent			******	10. Name and Address of New Ro	egistered A	igent		
H	ARTMAN, ALFRED C			81	Name					
RT 6 BOX 61 QUINCY FL 32351					82 Street Address (P.O. Box Number is Not Acceptable)					
					52 Street Address (1.0, box Number is Not Addeptable)					
				83						
				84	City		FL	85 Zip C	Code	
11 Parenar	nt to the ruggisions of Sections 607	7 0502 and 607 1508. Flor	ida Statutes, th	ne abov	e-named co	progration submits this statement for the	purpose of	changing its	s registered	
office or agent. I	registered agent, or both, in the Standard with, and accept the c	State of Florida. Such char obligations of, Section 607	nge was autho 7.0505, Florida	rized by Statute	the corpor	orporation submits this statement for the ration's board of directors. I hereby acceptable	pt the appo	ointment as	registered	
SIGNATURE	E Sogn alek i gand se printed name of register	reo agent and title if applicable.	(NOTE: Fleg	istered Age	ani signatura req	quired when reinstating}	DATE			
12.	OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND			
THUE	D		DELETE	1.1 TITLE				Change	Additio	
NAME	HARTMAN, ALFRED C			1.2 NAME						
STREET ADDRESS	s RT 6 BOX 61		1	1.3 STREET	ADDRESS					
C-Tr - ST - 74P	QUINCY FL 32351			1.4 CITY-S	ST - ZIP					
TITLE	D		DELETE	2.1 TITLE				Change	Addition	
NAME	Hartman, Donna J			2.2 NAME						
STREET ACORES			ŀ	2.3 STREET	ADDRESS					
OHY ST ZIP	QUINCY FL 32351			2. 4 CITY -	ST-ZIP		(195)			
TEFE F		r	DELETE	3.1 TITLE				L Change	Addition	
NAME				3.2 NAME						
STREET ADORES	8		ı	3.3 STREET	ADDRESS					
CITY: ST 20F				3 4. CITY -	ST-ZIP					
TiTLE			DELETE	4.1 TITLE				Change	Additio	
NAME				4 2 NAME						
STREET ADORES	s			4.3 STREET	T ADDRESS	•				
CCA 21-25				4.4 CITY-5	ST-ZIP					
Title			DELETE	51 TITLE				Change	Addition	
NAME				52 NAME						
STHEET ADDRES	38			5.3 STREE	T ADDRESS					
STREET ACTUMES				5.4 CITY-5	ST-ZIP					
	1			6.1 TITLE				Change	Additio	
CITY - S1 - ZIP			DELÉTÉ	U. I TITLE						
CITY - S1 - ZIP TITLE								-		
CITY - ST - ZVP TITLE NAME		ال		6.2 NAME	1 ADDRESS			-		
CITY-S1-7/P Tille	5	L) I		6.2 NAME	T ADDRESS			_		

Transfer of the series and the amount and the series and the series and the exemption stated in Section 118.07(3)(f), Fibrida statutes. Fibrida 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 office or director of the corperation 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 chapter in a particular with an address.

SIGNATURE:

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4-11-97 80422400