CORPORATION
ANNUAL REPORT
1995~~1994~~

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAY -1 PM 2:28
SEC. OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
DONALDSON, INC.

DOCUMENT #
P93000033571

Mailing Address
219 South Fifth Street
Jacksonville Beach FL 32250

Principal Place of Business
219 South Fifth Street
Jacksonville Beach, FL
32250

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5/10/93
3a. Date of Last Report: 1994

2. Mailing Address 21
Suite, Apt. #, etc 22
City & State 23
Zip 24 Country 25

2a. Principal Place of Business 26
Suite, Apt. #, etc 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3180439
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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Donaldson, Alberta J.
219 South Fifth Street
Jacksonville Beach, FL 32250

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 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D/T	11 TITLE	
12 NAME	Donaldson, Alberta J.	12 NAME	
13 STREET ADDRESS	219 South Fifth Street	13 STREET ADDRESS	
14 CITY ST ZIP	Jacksonville Beach, FL 32250	14 CITY ST ZIP	000001498180
21 TITLE	D/P	21 TITLE	-05/24/95 --01055--007
22 NAME	Donaldson, Cecil E.	22 NAME	****200.00 ****200.00
23 STREET ADDRESS	2760 Sandusky Avenue, East	23 STREET ADDRESS	
24 CITY ST ZIP	Jacksonville, FL 32216	24 CITY ST ZIP	
31 TITLE	D/S	31 TITLE	
32 NAME	Barbara D. Darville	32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	2517 University Blvd., South
34 CITY ST ZIP		34 CITY ST ZIP	Jacksonville, FL 32216
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE	SIGN HERE	51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	REMITTED BY MAY 1
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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)(i), Florida Statutes. I know the Division of Corporations from any liability for non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this 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 have fulfilled all obligations to be performed by me imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Barbara D. Darville Barbara D. Darville, Secretary 4/26/95 904-246-6918
(TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone Number