

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 25 1997 8:00am
Secretary of State

DOCUMENT # **P93000033571 (9)**
1. Corporation Name
DONALDSON, INC.



Principal Place of Business Mailing Address
219 S FIFTH ST JACKSONVILLE BEACH FL 32250 **219 S FIFTH ST JACKSONVILLE BEACH FL 32250**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/10/1993		06/24/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3180439		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

DONALDSON, ALBERTA J
219 S FIFTH ST
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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	DONALDSON, ALBERTA J	1.2 NAME	
STREET ADDRESS	219 S FIFTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	DONALDSON, CECIL E	2.2 NAME	
STREET ADDRESS	2780 SANDUSKY AVE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	DARVILLE, BARBARA D	3.2 NAME	
STREET ADDRESS	2517 UNIVERSITY BLVD. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D
NAME		4.2 NAME	BIVENS, TIMOTHY
STREET ADDRESS		4.3 STREET ADDRESS	6997 HAFFORD LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE		5.1 TITLE	D
NAME		5.2 NAME	BIVENS, SHARON
STREET ADDRESS		5.3 STREET ADDRESS	6997 HAFFORD LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, and I am familiar with an address.

Alberta J. Donaldson

CR2E034 (4/97)