


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

FILED  
May 01 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000033571 (9)</b> 1. Corporation Name <b>DONALDSON, INC.</b>					
Principal Place of Business <b>219 S FIFTH ST JACKSONVILLE BEACH FL 32250</b>			Mailing Address <b>219 S FIFTH ST JACKSONVILLE BEACH FL 32250</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/10/1993</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3180439</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 25		29 30		8. 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	
9. Name and Address of Current Registered Agent <b>DONALDSON, ALBERTA J 219 S FIFTH ST JACKSONVILLE BEACH FL 32250</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	1.1 TITLE <input type="checkbox"/> DELETE				
NAME	1.2 NAME				
STREET ADDRESS	1.3 STREET ADDRESS				
CITY-ST-ZIP	1.4 CITY-ST-ZIP				
TITLE	2.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION				
NAME	2.2 NAME				
STREET ADDRESS	2.3 STREET ADDRESS				
CITY-ST-ZIP	2.4 CITY-ST-ZIP				
TITLE	3.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION				
NAME	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDRESS				
CITY-ST-ZIP	3.4 CITY-ST-ZIP				
TITLE	4.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION				
NAME	4.2 NAME				
STREET ADDRESS	4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4 CITY-ST-ZIP				
TITLE	5.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION				
NAME	5.2 NAME				
STREET ADDRESS	5.3 STREET ADDRESS				
CITY-ST-ZIP	5.4 CITY-ST-ZIP				
TITLE	6.1 TITLE <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION				
NAME	6.2 NAME				
STREET ADDRESS	6.3 STREET ADDRESS				
CITY-ST-ZIP	6.4 CITY-ST-ZIP				



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*Barbara D. Darville*  
Corporate Secretary

904-246-16918

CR2E034 (10/97)