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

PROFIT CORPORATION ANNUAL REPORT

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 17 1998 8:00am

Secretary of State

CR2E034 (10/97

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000035517 (0)

DONNELLAN ELECTRIC, INC.

Principal Place of Business Mailing Address **811 CROSBY DRIVE** 611 CROSBY DRIVE ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3184230 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DONNELLAN, WILLIAM -TEELSA-IX Street Address (P.O Box Number is Not Acceptable) 82 **ALTAMONTE SPRINGS FL 32714** 84 City 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE DONNELLAN, WILLIAM NAME 1.2 NAME **611 CROSBY DRIVE** STREET ADDRESS 1.3 STREET ADDRESS ALTOMONTE SPRINGS FL CITY-ST-ZIP 1.4 <u>CIT</u>Y - ST - ZIP TITLE □ DELETE Change Addition 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- 7IP

14. I 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, or on an attachment with an address.