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

Mailing Address

CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Addition

Addition

Change

Change

Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000046126 (7)

DONNELLY CONVERSION CONCEPTS. INC.

581 SADDLE CLUD ROAD **581 SADDLE CLUB ROAD** WINDBER PA 15963-8727 windber pa 15963 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1993 06/12/1996 2. Principal Place of Business 2a. Mailing Address EEI Number Applied For 59-3197656 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired \mathbf{M} Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Yes No Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DONNELLY, JOHN J 4 WINTERBERRY PLACE Street Address (P.O. Box Number is Not Acceptable) PALM COAST FL 32137 **B3** 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 Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 18. Change DELETE 1.1 TITLE TITLE DONNELLY, JOHN J 1.2 NAME NAME 581 SADDLE CLUB ROAD 1.3 STREET ADDRESS STREET ADDRESS WINDBER PA 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELFTE 2.1 TITLE TITLE ٧S DONNELLY, DEBRA 2.2 NAME **581 SADDLE CLUB RD** 2.8 STREET ADDRESS STREET ADDRESS WINDBER PA 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.P NAME NAME **3B STREET ADDRESS** STREET ADDRESS 3 4. DITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.4 THEE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

14. Ido 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. 4.28-97 814-487-5290

4.4 CITY - ST - ZIP

5,3 STREET ADDRESS

6.3 STREET AUDRESS 6.4 CITY - ST - ZIP

5,4 CITY-ST-ZIP

5.1 THE

52 NAME

6.1 TIBLE

6.2 NAME

DELETE

DELETE