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

Mailing Address

2687 BOTH AVE S

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1100 18TH ST N



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054887 (3)

O'DONNELL ORGANIZATION, INC.

FILED Apr 30 1997 8:00am Secretary of State

		8

ST PETERSBURG FL 33705 US		ST PETERSBURG FL 33712-5221			
				3. Date Incorporated or Qualified 08/04/1993	3a. Date of Last Report 04/09/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1100	IGTH ST N	26 1100 1674	55 N.	59-3208216	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 <i>ST. F</i>	ETERSBURG, FL	28 ST. PETERSB	URB, FL	Trust Fund Contribution	Added to Fees
Zip 24 3370			Country 30 U.S		Yes No
	9. Name and Address of Curren	l Registered Agent	81 Name 🗻	10. Name and Address of New Reg	istered Agent
2687 ST P	ONNELL, JAMES D. 7 S 607H AVE PEPERSBURG FL-33712		82 Street Add 373	FORGE C. RADEL ress (P.O. Box Number is Not Acceptab 7 / 5 A U.S. N	
			84 City 57	PETERSRURG	FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0503 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida Such change was a ations of, Section 607.0505, Flo	es, the above-named corrulthorized by the corpora rida Statutes.	PETERSBURG poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATIONE,	Signature, typed or printed name of registered agen	uil GEO/	ROG C. RA Registered Agent signature requ	DELINE PRES, ired when reinstating)	4/24/97 DATE
12.	OFFICERS AND		18.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELFTE	1.1 TITLE		Change Addition
NAME	O'DONNELL, JAMES D		1.2 NAME		
STREET ADDRESS	2687 60TH AVE S		1.9 STREET ADDRESS		
City-St-ZIP	ST PETERSBURG FL 33712	es, Delete	1.4 C(TY - ST - Z(P		
TITLE	GERCE DR	Y J. J. DELLIE	2.1 TITLE		Change L Addition
NAME	GEORGE C. RAL	JE CINE	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ST. PETERSBURG,	7-6 33773	2.4 CITY - ST - 7IP		D Addition
NAME		_ out it	3.1 1111.6		Change Addition
STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY - ST - ZIP 4.1 T(TLE		Change Addition
NAME		Millie	4. 2 NAME		Et change En Montton
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	-	DELETE	5.1 TILLE	<u> </u>	☐ Change ☐ Addition
NAME		-	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- ST- ZIP		i
TITLE		DELFTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		La sound La souther
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 7IP		
OILL OLL TIL			■ 0.4 UHT+31-7H		

14. I do hereby certify that the information supplied with this filling 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 33 if changed, or on an attachment with an address.

- L CHALLADIDA DOMENDA LA COLLADA