
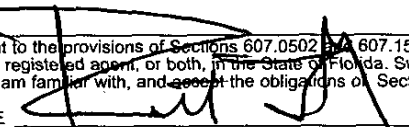



FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90001 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000054887			
1. Corporation Name O'DONNELL ORGANIZATION, INC.			
Principal Place of Business 1100 16TH ST N ST PETERSBURG FL 33705 US		Mailing Address 1100 16TH ST N ST PETERSBURG FL 33712 US	
2. Principal Place of Business 21		2a. Mailing Address 26 1135 Pasadena Avenue South	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Suite 140	
City & State 23		City & State 28 St Petersburg, FL	
Zip 24		Zip 29 33707	
Country 25		Country 30 US	
9. Name and Address of Current Registered Agent RADELIN, GEORGE 3737 1ST AVE N ST PETERSBURG FL 33713			
10. Name and Address of New Registered Agent 81 Name Robert J. Myers, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 1135 Pasadena Avenue South, Suite 140 83 84 City St Petersburg FL 85 Zip Code 33707			
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  Robert J. Myers, Esq. 4-19-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RADELIN, GEORGE C.		1.2 NAME Victoria J. Anderson	
STREET ADDRESS 3737 1ST AVE N		1.3 STREET ADDRESS 153 New Orleans	
CITY-ST-ZIP ST PETERSBURG FL		1.4 CITY-ST-ZIP Schererville, IN 46375	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Donna Engelberts	
STREET ADDRESS		2.3 STREET ADDRESS 1100 16th Street N.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP St Petersburg, FL 33705	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Chris Stimac	
STREET ADDRESS		3.3 STREET ADDRESS 1100 16th Street N.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP St Petersburg, FL 33705	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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, with all other like empowered.

SIGNATURE:  **Victoria J. Anderson, President** **4/12/99** **(219) 322-7408**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)