

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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000064240 (2)

1. Corporation Name

LONNIE DONEGAN, INC.



Principal Place of Business

538 EAST WASHINGTON ST.  
ORLANDO FL 32801

Mailing Address

538 EAST WASHINGTON ST.  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number

59-3281958

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 400 N. MILLS AVE

2a. Mailing Address

26 204 N. WYMORE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ATTN: Stanley Gordon

Suite, Apt. #, etc.

23 ORLANDO, FL

27 City & State

28 WINTER PARK, FL

24 32803

25 USA

29 32789

30 USA

Country

9. Name and Address of Current Registered Agent

SCHICK, BETH S  
538 EAST WASHINGTON ST.  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

SCHICK, BETH S.

82 Street Address (P.O. Box Number is Not Acceptable)

204 N. WYMORE ROAD

83

84 City

WINTER PARK

FL

85 Zip Code

32789

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

*Beth S. Schick*  
Signature: typed or printed name of registered agent and title if applicable

BETH S. SCHICK

1-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DONEGAN, LONNIE  
CITY-ST-ZIP 400 NORTH MILLS AVE.  
ORLANDO FL 32803

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DONEGAN, SHARON  
CITY-ST-ZIP 400 NORTH MILLS AVE.  
ORLANDO FL 32803

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 in an attachment with an address.

SIGNATURE

*Lonnie Donegan*

LONNIE DONEGAN

MARCH 14, 1998

CR2E034 (10/97)