

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**C.M. DONNELLY, INC.**

| Principal Place of Business     | Mailing Address                            |
|---------------------------------|--|
| 213 SE 1ST ST<br>DANIA FL 33004 | 323 GULFSTREAM RD<br>DANIA FL 33004<br>IIS |



|                                |  |                     |  |  |  |                                       |  |
|--------------------------------|--|---------------------|--|--|--|---------------------------------------|--|
|                                |  | US                  |  | 3. Date Incorporated or Qualified<br>09/14/1994  |  | 3a. Date of Last Report<br>08/24/1995 |  |
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 4. FEI Number  |  | Applied For                           |  |
| 21 2020 Lee St Hollywood       |  | 25 2020 Lee St      |  | APPLIED FOR 65-0519473   |  | Not Applicable                        |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required        |  |
| 22 FL                          |  | 27                  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees           |  |
| City & State                   |  | City & State        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |
| 23 FL                          |  | 28 Hollywood FL     |  |  |  |                                       |  |
| Zip                            |  | Zip                 |  |  |  |                                       |  |
| 24 33020                       |  | 29 33020            |  |  |  |                                       |  |
| Country                        |  | Country             |  |  |  |                                       |  |
| 25                             |  | 30                  |  |  |  |                                       |  |

|   |           |  |           |
|---|-----------|--|-----------|
| 9. Name and Address of Current Registered Agent                         |           | 10. Name and Address of New Registered Agent       |           |
| <b>DONNELLY, COREY</b><br><b>213 SE 1ST ST</b><br><b>DANIA FL 33004</b> | <b>81</b> | Name   |           |
|   | <b>82</b> | Street Address (P.O. Box Number is Not Acceptable) |           |
|   | <b>83</b> |  |           |
|   | <b>84</b> | City   | <b>FL</b> |

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

(b) NOTE: Registered Agent signature required when re-instating.

[13]

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>DONNELLY, COREY<br>323 GULFSTREAM RD<br>DANIA FL <input type="checkbox"/> DELETE         | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>REYES, OSCAR<br>323 GULFSTREAM RD<br>DANIA FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>REYES, MADELINE<br>323 GULFSTREAM RD<br>DANIA FL <input type="checkbox"/> DELETE         | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

Thomas Pate  
 301 Lullwater Drive #429  
 Panama City Beach FL 32413

Joe Shawe  
 124 Crane St  
 Panama City Beach FL 32413

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

Cory L. Connelly  
SIGNATURE AND TYPED OR PRINTED NAME

Corey Donnelly  
OFFICER OR DIRECTOR

6 28 96

904 230 9508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05

*Journal of Management Education* 32(1)

CR2E034 (3/96)