Applied For Not Applicable

Mar 25, 1999 8:00 am

Secretary of State

03-25-1999 90020 025 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000084281

1. Corporation Name

WARREN D	ONAHUE ASSOCIATES,	, INC.					
Principal Place of	Business	Mailing Address				a	
4607 VINEWOOD CIR NORTH FORT MYERS FL 33903		4607 VINEWOOD CIR NORTH FORT MYERS FL 33903	4807 VINEWOOD CIR NORTH FORT MYERS FL 33903		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					11/16/1994	<u> </u>	
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			13-2952764		Not Applicable
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired Serviced \$8.75 Additional Fee Required		
City & State -		- City & State	- City & State-		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24			Country		8. This corporation owes the current year Intangible Personal Property Tax.		
	Name and Address of Curre				10. Name and Address of New Registere	d Agent	
	ue, warren		81	Name	ss (P.O. Box Number is Not Acceptable)		
4607 VII	NEWOOD CIR		82 Street Address		iss (P.O. Box Number is Not Acceptable)		
NORTH	FORT MYERS FL 33903		83			,	
•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		84	! -			Zip Code
office or regis agent. I am fa	ne provisions of Sections 607. detected agent, or both, in the State with, and accept the oblight with, and accept the oblight with, specific agent or printed name of registered agents.	tions of, Section 307 0505, Florida	Statutes	e-named corpo the corporation nt signature required	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changi pointment	ng its registered as registered
Signa 12.		ND DIRECTORS	13.	w adversion technico.	ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTORS IN 12
14.	OI TOERS A	D OF ETE	4 4 TITLE	- I		r¹cı	

RECTORS IN 12 ☐ Addition DONAHUE, WARREN 1.2 NAME NAME 4607 VINEWOOD CIR 1.3 STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33903 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify that the information out is true and accurate and that my signature shall have the same legal effect as if made in the cartify that I am an an empowered to execute this report as required by Chapter 607, Florida Statutes; and that it is appears in appears in 14. I hereby certify that the information supplied with this fill indicated on this annual report or supplemental annual re officer or director of the corporation or the receiver or tru Block 12 or Block 13 if changed, or on an attachment with other like empowered.

SIGNATURE: X

CR2E034 (11/98)