FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000005608 (1)

DOCUMENT #	P9		
1. Corporation Name			
DONALD DONAHUE.	INC.		

Principal Place of Business Mailing Address

397 36TH ST. SE
LARGO FL 34641 LARGO FL 34641



397 36TH ST LARGO FL 3		397 36TH ST. SE LARGO FL 34641							
					3. Date Incorporated or Qualified 01/18/1995 .	3a. Date	of Last F	Report	
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			59-3288467			Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State					Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip Country Zip 4 25 29			Country 30		 This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	g. Name and Address	of Current Registered Agent			10. Name and Address of New F	Registered /	lgent		
			81	Name					
	UE, DONALD F		82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)			
	TH ST. SE Fl 34641		83						
LANGO	FE 04041		84	City			85 Z	Ip Code	
		607.0502 and 607.1508, Florida Statu		1 - /		FL		•	
SIGNATURE	Ignature, typed or printed name of re	·	IOTE: Registered Ago	nt signature require		DATE	0,0507		
12.	OFF	CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF				
TRILE	D	☐ DELETE	1. 1 TITLE		•	L] Chançe	Addition	
NAME	Donahue, Donai	.D F	1.2 NAME						
STREET ADDRESS	397 36TH ST. SE		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	LARGO FL 34641		14 CITY-	ST-ZIP					
TOTLE		☐ DELETE	2 1 TITLE] Chançie	Addition	
NAME			2.2 NAME						
STREET ADORESS			2.3 STREE	T ADDRESS					
CITY - ST - ZIP			2 4 CITY -	ST-ZIP					
TITLE		☐ DELETE	3. 1 TITLE	1] Changle	: Addition	
NAME	\$ 1		3.2 NAME						
STREET ADDRESS	•		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4 DITY-	ST-ZIP					
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NAME			4 2 NAME						
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CITY-S1-ZIP			4.4 CITY -	ST-ZIP					
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NAME			5.2 NAME	ļ					
STREET ADDRESS			5.3 STREE	1 ADDRESS					
CITY-ST-ZIP			5.4 CITY -	ST-ZIP					
TITLE		☐ DELETE	6 1 TiTLE			(Chan je	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	1 ADDRESS					
CITY-ST-ZIP			64 CHTY-	ST-7IP					
14. I do hereby	certify that the information	supplied with this filing is voluntarily ful	rnished and do	es not qualify	for the exemption stated in Section 119	9.07(3)(k), Flo	rida Stat	tutes. I further	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attay ment with an address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

(813) 5360204