

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000010395 (8)**

1. Corporation Name  
**DONAHUE FACILITIES & MANAGEMENT CONSULTING, INC.**



Principal Place of Business  
**2218 VALLEYBROOK AVENUE  
VALRICO FL 33594**

Mailing Address  
**2218 VALLEYBROOK AVENUE  
VALRICO FL 33594**

3. Date Incorporated or Qualified  
**02/06/1995**

3a. Date of Last Report

4. FEI Number  
**59-3297522**

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 has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30.

9. Name and Address of Current Registered Agent

**DONAHUE, TIMOTHY J  
2218 VALLEYBROOK AVENUE  
VALRICO FL 33594**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>PRESIDENT</b>
13. STREET ADDRESS	<b>TIMOTHY J. DONAHUE</b>
14. CITY - ST - ZIP	<b>2218 VALLEYBROOK AVS. VALRICO, FL 33594</b>
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>VP</b>
23. STREET ADDRESS	<b>IRAS L. DONAHUE</b>
24. CITY - ST - ZIP	<b>2218 VALLEYBROOK AVE. VALRICO, FL 33594</b>
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>SECRETARY</b>
33. STREET ADDRESS	<b>BERNARD T. McARTHUR</b>
34. CITY - ST - ZIP	<b>4211 SILVER LAKE VALRICO, FL 33594</b>
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>400001791714</b>
53. STREET ADDRESS	<b>-04/24/96-01005-018</b>
54. CITY - ST - ZIP	<b>***200.00</b>
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

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 as an attachment with an address.

SIGNATURE: Timothy J. Donahue  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/5/96**  
Daytime Phone #: **813-239-8200**

CR2E034 (12/95)