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

DOCUMENT # P95000060542 (4) 1. Corporation Name						
DON & ASSOCIATES, INC.						
Principal Place	of Business	Mailing Address			T FOR II DAN THE TOTAL BURNEY BRIEF FOR THE	ADISH EDINE QUES BOILD BUSH BILLE NOO 1001
17318 BRIDLEPATH COURT LUTZ FL 33549		17318 BRIDLEPATH COURT LUTZ FL 33549				
					3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report FIRST REPORT
2. Principal Pla 21	ce of Business	2a. Mailing Address 26 PO Box 2345		4. FEI Number 59 - 333	112 7 Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 LAND O'LAKES FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	29 34-6.39 Country 29 34-6.39 30 PASCO		0	This corporation has liability for Florida Statutes Yes	
	9. Name and Address of Current				10. Name and Address of New R	
			81	Name		
DON, CH 17318 BB	iarleen Ridlepath Court		82	Street Addre	dress (P.O. Box Number is Not Acceptable)	
LUTZ FL			83			
			84 City			FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid n, and accept the obligations of, Secti	la. Such change was authorized	the above na by the corpor	med corpora ation's board	ition submits this statement for the pur I of directors. I horeby accept the app	moco of changing its registered office
SIGNATURE	i, and accept the obligations or, Section	on burluous, Fibrida Statutes.				
	Signature, typed or printed name of registered agent a		Fingistered Agent s	signature required		DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	DON, ALAN	_			Criange D Addition	
STREET ADDRESS 17318 BRIDLEPATH COURT			1.3 STREET ADDRESS			
CłTY - S1 - ZIP	LUTZ FL 33549		1.4 CITY- \$1-ZIP			
TITLE	STD	DELETE	2. 1 TITL E			Change Addition
NAME	DON, CHARLEEN	RLEÉN 220				
\$TREET ADDRESS	17318 BRIDLEPATH COURT	2 3 STREET ADDRESS		DDRESS		
CITY-ST-7IP	LUTZ FL 33549		2 4 CITY - ST - ZIP			
TITLE	☐ DELETE 3.17		3. 1 TITLE			Change Maddition
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET A			
CITY-ST-ZIP TITLE			3.4 CITY - ST - 4. 1 TITLE	ZIP		El Cospos El Addition
NAME			1			Change Addition
STREET ADDRESS	223		4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST-			
TITLE	······································	DELETE 5.1		215		☐ Change ☐ Addition
NAME	 -		5.2 NAME			
STREET ADDRESS			5.3 STREET AL	DDRESS		
CITY-ST-7IP			5.4 CITY - ST-			
TITLE			6. 1 TITLE		Crange Addition	
NAME	6:		6.2 NAME			
STREET ADDRESS	ss		6 3 STREET AL	DORESS		
CITY-ST-7iP		6 4 CITY-S1-	21P			
14. I do hereby certify that	certify that the information supplied v	vith this filing is voluntarily furnis	hed and does i	not qualify to	r the exemption stated in Section 119.	.07(3)(k), Florida Statutes. I further

certify that the information indicated on this affilial 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 receiver or true eceiver or true eceiver or true eceiver or true eceiver or true excever of the provided appears in Block 12 or Block 13 if changed, or on an attachment with an address.

THE Day A. W. DOW Promote 4/28/96 813 920 8169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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