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 # P95000078196

1. Corporation Name

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90054 046 ***150.00

DON-SA	N, INC.							
Dringinal Diago	of Business	Mailing Address					1998) (818) (1898)	18119 SIN 1981
Principal Place of Business 1508 E. MAIN ST. LEESBURG FL 34748 Mailing Address 1508 E. MAIN ST. LEESBURG FL 34748						DO NOT WRITE IN THIS SPACE		
	·					3. Date Incorporated or Qualifed 10/06/1995		
2 Principal Di	lace of Business	2a. Mailing Address				4. FEI Number	T Apr	olied For
— ·	ace of Business	26	Mailing Address			59-3344458	<u> </u>	t Applicable
21 Suite, Apt.	# etc.		Suite, Apt. #, etc.				\$8.75 A	
22		27				_5Certifcate of Status Desired	Fee Re	
City & State	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	~	28	B			Trust Fund Contribution	Added to	o Fees
Zip Country Zip			Country			8. This corporation owes the current year In		
24	25		30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		-	A1 -	10. Name and Address of New Registered	Agent	
TAV	LOD LE			81	Name			ł
	LOR, L.E. 9 West Magnolia St.			82 Street Address (P.O. Box Number is Not Acceptable)				
	SBURG FL							
LEE	SBUNG FL	•		83				
				84	City	FL	85 Zip C	Code
		1007 4500 FL :1 01-4-4-	- 451				-	rogistored == =
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au	thorized	i by th	named corporation	ration submits this statement for the purpose of is board of directors. I hereby accept the appo	intment as rec	gistered
SIGNATURE								\
	Signature, typed or printed name of registered agent		Registered 13.	Agent s	signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12
12.	OFFICERS AND	DELETE	1.1 1/1	ne	 T	ADDITIONS/CHANGES TO OTHER TO A	Change	Addition
TITLE	D DOUBLE DOUBLE W		1.2 N					_
NAME OTDEET ADDRESS	Boehler, Donald W 1508 E. Main St.				DORESS			
STREET ADDRESS	LEESBURG FL 34748			TY-ST-Z				1
CITY-ST-ZIP	D	☐ DELETE	2.1 111		ZIF		Change	Addition
NAME	BOEHLER, SANDRA L		2.2 N					_
STREET ADDRESS	1508 E. MAIN ST.	.			DORESS	المساوي المساور المسا		-أ، بـ بــــ ،أ-
CITY-ST-ZIP	LEESBURG FL 34748			TY-ST-	ĺ			
TITLE		☐ DELETE	3.1 10				Change	Addition
NAME	32N		AME				ļ	
STREET ADDRESS			3.3 ST	REETA	DORESS ,			
CITY-ST-ZIP			3.4. CI	ITY-ST-	-ZIP			
TITLE		☐ DELETE .	4.1 TII	TLE	7		Change	Addition
NAME			4. 2 N	AME				ţ
STREET ADDRESS			4.3 ST	TREET A	ADDRESS			}
CITY-ST-ZIP			4.4 CF	TY-ST-	ZiP			
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME.			5.2 NAME					-
STREET ADDRESS			5.3 ST	TREETA	ADDRESS			
CITY-ST-ZIP -				TY-ST-	ZIP			
TITLE	Bank to the	☐ DELETE	6.1 TIT				Change	☐ Addition
NAME			6.2 NA					İ
STREET ADDRESS	• •				NODRESS			}
			# SACE	TY_ST_1	713			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

SI	GN	ATI	JRE

3-26-99

Daytime Phone #