

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90064 025 \*\*\*150.00

DOCUMENT # P96000050910

1. Corporation Name  
M.C. DONNELLY, INC.

Principal Place of Business

617 101 AVE NORTH  
NAPLES FL 34108

Mailing Address

617 101 AVE NORTH  
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

65-0672242

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 100 Lincoln Rd.

Suite, Apt. #, etc.

22 #817

City & State

23 MIAMI Beach, FL

Zip

24 33139

Country

25 Dade

2a. Mailing Address

26 100 Lincoln Rd.

Suite, Apt. #, etc.

27 #817

City & State

28 MIAMI Beach, FL

Zip

29 33139

Country

30 Dade

9. Name and Address of Current Registered Agent

DONNELLY, MAUREEN C  
617 101 AVE NORTH  
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name Donnelly, MAUREEN C.

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

100 LINCOLN RD. #817

83

84

City MIAMI Beach

FL

85

Zip Code

33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MAUREEN C. Donnelly Pres 3/18/99

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE  
NAME DONNELLY, MAUREEN C  
STREET ADDRESS 617 101ST AVE NO  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.T. ☒ Change ☐ Addition  
1.2 NAME Donnelly, MAUREEN C.  
1.3 STREET ADDRESS 100 LINCOLN RD.  
1.4 CITY-ST-ZIP MIAMI Beach, FL. 33139

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAUREEN C. Donnelly

3/18/99

Date

Daytime Phone #

CR2E034 (11/98)