FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024588 (0)

DONAVIN REAL ESTATE SERVICES. INC.

Principal Place of Business

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



804 WEEDEN ISLAND DRIVE 804 WEEDEN ISLAND DRIVE NICEVILLE FL 32578 **NICEVILLE FL 32578** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3434973 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 DONAVIN, MATTHEW W III Name 804 WEEDEN ISLAND DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) NICEVILLE FL 32578 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PST TITLE DELETE Change Addition 1 1 TITLE DONAVIN, MATTHEW W III NAME 1.2 NAME **804 WEEDEN ISLAND DRIVE** STREET ADDRESS 1.3 STREET ADDRESS NICEVILLE FL 32578 DITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change TITLE Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 DTLF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- 2IP DELETE TITLE 4.1 TITLE ___ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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. 皿