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 # P97000102000

1. Corporation Name

J.P. DONNELLY COMPANY, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90295 032 ***158.75



Principal Place of Business Mailing Address								
699 EAST FIFTH AVENUE MOUT DORA FL 32757		699 EAST FIFTH AVENUE MOUT DORA FL 32757			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 12/03/1997		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For		
21		26				59-3484352 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & Stat	e	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	itry		8. This corporation owes the current year Intangible Personal Property Tax. Yes VNo		
,	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
MIDDLETON, HARLOW C 699 EAST FIFTH AVENUE				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MOUT DORA FL 32757			ŀ	83				
	71 5010112 02:0:		ľ	00				
			Ţ	84	City	FL 85 Zip Code		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized rida Statu	by ites.	the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered age		_ - -	Agen	t signature require	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		ID DIRECTORS	13.			Abbitions/Changes to Officers and Directors in 12		
TITLE	D							
NAME	MAZIK, KENNETH M							
STREET ADDRESS	699 EAST FIFTH AVENUE				ADDRESS			
CITY-ST-ZIP	MOUT DORA FL 32757 ST	DELETE	1.4 CIT		r-ZIP	☐ Change ☐ Addition		
TITLE		D perrie	2.7 NA			_ , _		
NAME	BROWN, DONNA H.		l l		T 4 D D O T O O			
STREET ADDRESS		ST FIFTH AVE		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP	MOUNT DORA FL 32757	□ DELETE	3.1 717		1-219	☐ Change ☐ Addition		
TITLE		□ pccc./c	3.2 NA					
NAME					FADODESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4, CI	_	1-211	☐ Change ☐ Addition		
TITLE		ا الماداد	4.2 NA					
NAME					ADDRESS			
STREET ADDRESS	İ		4,001		,			

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 changes, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

☐ Addition

☐ Addition