

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

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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90150 006 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000037551

1. Corporation Name  
**DONNA BLEVINS CORPORATION**



Principal Place of Business: 27831 S TAMiami TR, BONITA SPRINGS FL 34134-4225  
 Mailing Address: 27831 S TAMiami TR, BONITA SPRINGS FL 34134-4225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 9220 BONITA BEACH Rd, SUITE 200, BONITA SPRINGS, FL 34135  
 22a. Mailing Address: 26 9220 BONITA BEACH Rd, SUITE 200, BONITA SPRINGS, FL 34135  
 23. City & State: BONITA SPRINGS, FL  
 24. Zip: 34135, 25. Country: LEE, 29. Zip: 34135, 30. Country: Lee

3. Date Incorporated or Qualified: 04/24/1998  
 4. FEI Number: 59-3509230  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
 BLEVINS, DONNA L  
 27831 S TAMiami TR  
 BONITA SPRINGS FL 34134-4225

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): 9220 BONITA BEACH Rd  
 83 SUITE 200  
 84 City: BONITA SPRINGS, FL 85 Zip Code: 34135

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLEVINS, DONNA L	CHANGE ADDRESS
STREET ADDRESS	27831 S TAMiami TR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134-4225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P/V/T/S DONNA BLEVINS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	(SAME)	CHANGE ADDRESS
1.3 STREET ADDRESS	9220 BONITA BEACH Rd, SUITE 200	
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Donna L. Blevins DONNA L. BLEVINS 11/1/99 (941)992-1766  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)