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 # P98000037551

DONNA BLEVINS CORPORATION

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

03-04-1999 90150 006 ***150.00



Principal Plac	e of Business	Mailing Address			
7831 S TAMIA		27831 S TAMIAMI TR			
ONITA SPRIN	GS FL 34134-4225	BONITA SPRINGS FL 34134-422	25	DO NOT WEI	E IN THIS SPACE
				Date Incorporated or Qualifed	E IN THIS SPACE
				04/24/1998	
	N (D)	de Basilies Address		4. FEI Number	Applied For
2. Principal F	Place of Business D BONITA BEACH Rd	2a. Mailing Address	A BEACH R	d 59-35092	30 Not Applicable
11 40 de		Suite, Apt. #, etc.	a dena a	W 31-3307-	\$8.75 Additional
Suite, Apt.		⊢ <i>K</i>		5. Certifcate of Status Desired	Fee Required
2 50	<u> </u>	27 30(1E 200		1.5 6	
City & Star	in Socialor St	City & State	ine a	6. Election Campaign Financing	55.00 May Be Added to Fees
3 DON	TA -PRINGS, FC	28 DONITA JORIN	<u> </u>	Trust Fund Contribution	
7 211.	Country	2,112/	Lon	8. This corporation owes the curre	ent year intangible Services To Yes
4 291	35 25 LEE	29 34135 30	, ru	Personal Property Tax. 10. Name and Address of New R	
	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New N	egistered Agent
RI E	VINS, DONNA L		Name		
	31 S TAMIAMI TR	- chause	82 Street Add	ress (P.O. Box Number is Not Accepta	ble) O
		200	7 927	20 BONITA BEACH	r Ra
יוטפ	NITA SPRINGS FL 34134-4225		83 Su i	TE 200	
			84 City .		85 Zip Code
				ta Springs	FL 34135
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above-named corr	poration submits this statement for the	purpose of changing its registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was autho ons of Section 607.0505. Florida	orized by the corporati Statutes.	on s board of directors. I nereby accep	t the appointment as registered
-		0., 000			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regi	stered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.		ICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	1P/V/T/S DONNA BU	EVINS Defrange Addition
NAME	BLEVINS, DONNA L	1110100	- SAME	Dan Bris Rom	HOORESS
STREET ADDRESS	27831 S TAMIAMI TR	2 CHANGE	1.3 STREET ADDRESS	1240 DONIA DEN	H ROL, SUITE 200
CITY-ST-ZIP	BONITA SPRINGS FL 34134-4225	s Apoeess	1.4 CITY-ST-ZIP	BONITA SPRINGS	6 FL 34135
TITLE	BOWNING OF THINGS & E STIEST IEEE		2.1 TITLE		Change Addition
NAME			2.2 NAME		
			2.3 STREET ADDRESS		
STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·	and the second s
CITY-ST-ZIP			2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE		_			
NAME			32 NAME		
STREET ADDRESS	6		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME	·	1
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETË	5.1 TITLE		☐ Change ☐ Addition
NAME	}		5.2 NAME		
STREET ADDRESS	5		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	•	
TITLE					
	1	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.1 TITLE 6.2 NAME		Change Addition
NAME			6.2 NAME		Change Addition
NAME STREET ADDRESS					☐ Change ☐ Addition

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.