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Secretary of State

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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, Apt. #, etc. SUITE 200
 City & State BONITA SPRINGS, FL
 Zip 34135 Country LEE
 22
 23
 24
 25
 26 9220 BONITA BEACH Rd
 Suite, Apt. #, etc. SUITE 200
 City & State BONITA SPRINGS, FL
 Zip 34135 Country LEE
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3. Date Incorporated or Qualified: 04/24/1998
 4. FEI Number: 59-3509230
 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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	(SAME)	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
 Daytime Phone #

CR2E034 (11/98)