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 # P98000078712

DONCHEY HOLDINGS, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90028 037 ***150.00



Principal Plac	ce of Business	Mailing Address					
151 MARY ESTHER BLVD STE 203B 151 MARY ESTHER BLVD STE 203							
MARY ESTHER FL 32569 MARY ESTHER FL 32569					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
	•				09/09/1998		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21 208 7	Mary Esther Blvd	26 208 MARU	يطي ا	sthu Bl	459-3543691		lot Applicable
Suite Apt.	. #, etc.	Suite Apt # etc.	-u	,,	5. Certificate of Status Desired		Additional
22	it #4	27 B Suy TE	# 7	<i>-</i>	o. Certificate of Otatos Sounds	Fee F	Required
City & Sta	te f. u m	City & State	h	I/	6. Election Campaign Financing		May Be
23 / 10	y esther FL	28 / 1 RKy (50)	<u> 125.</u>	<u> 14</u>	Trust Fund Contribution		to Fees
Zip	COUNTY ALONG		Country	2/00 SA	8. This corporation owes the current year in	tangible Yes	□No
24 3 2	25 UKA1005A		U/AL	d 100 an	Personal Property Tax. 10. Name and Address of New Registered		<u> </u>
	9. Name and Address of Current	Registered Agent	81	Name	14. Halle and Fledieds of How Hogistians		
WHI	ITNEY, BOBBY L JR		Ĺ				
1201 EGUN PARKWAY				Street Addre	ess (P.O. Box Number is Not Acceptable)		•
SHALIMAR FL 32579						J .	
						T1	<u> </u>
			84	City	FI	85 Zip	Code
11. Pursuant	t to the provisions of Sections 607 0502	and 607.1508. Florida Statutes, th	e abov	e-named corpo	pration submits this statement for the purpose of	changing it	s registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was author	ized by	the corporation	n's board of directors. I hereby accept the appo	intment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent	- July Kanalisahla (NOTE Page	tored Ann	nt signature required	(when reinstatino) DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	O O O O O O O O O O O O O O O O O O O		.1 TITLE			Change	
NAME	DONCEY, STEVEN S		2 NAME				
STREET ADDRESS	ARABAN BOTHER BUT ATE A	PRINT A.	I.3 STREE	TADORESS			
CITY-ST-ZIP	-MARY ESTHER FL 32569	Jun 1	I.4 CITY-S	ST-ZIP			
TITLE	THE CONTROL OF CONTROL	7.00	2.1 TITLE			Change	Addition
NAME		.	2 NAME				
STREET ADDRESS	5		3 STREE	T ADDRESS			
CITY-ST-ZIP]		2. 4 CITY	ST-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	s	•	3.3 STREE	T ADDRESS			
CITY-ST-ZiP		,	3.4. CITY-1	ST-ZIP			
TITLE		☐ DELETE 4	1.1 TITLE			Change	Addition
NAME			. 2 NAME				
STREET ADDRESS	s	,	1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	ST-21P			
TITLE			5.1 TITLE		p 4 4 5 7 7 7 7	. [] Change	Addition
NAME			5.2 NAME	'			
STREET ADORES	s			T 4000000			
CITY-ST-ZIP	1		5.3 STREE	I AUUKESS			
TITLE			5.3 STREE 5.4 CITY-8				
						Change	e
NAME		☐ DELETE . 6	5.4 CITY-5	ST-ZIP	, - 	Change	Addition
NAME STREET ADDRESS		☐ DELETE 6	5.4 CITY-5 B.1 TITLE B.2 NAME	ST-ZIP		Change	e Addition
NAME STREET ADDRESS	s	DELETE 6	5.4 CITY-5 B.1 TITLE B.2 NAME	ST-ZIP		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 eceiver 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 or mattachment with an address, with all other like empowered.

SIGNATURE: