

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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90054 026 \*\*\*158.75

DOCUMENT # S02468

1. Corporation Name  
DONEGALE, INC.

Principal Place of Business  
1320 LEE ROAD  
PEMBROKE GA 31321  
US

Mailing Address  
5466 GARDEN HILL CIRCLE  
WEST PALM BEACH FL 33415  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/24/1990

4. FEI Number  
65-0219426

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1320 LEE RD

22 City & State

27 Suite, Apt. #, etc.  
28 PEMBROKE GA

23 Zip Country

29 31321 30 USA

9. Name and Address of Current Registered Agent

CASSIDY, EDWARD JAMES  
5466 GARDEN HILL CIRCLE  
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name CASSIDY, EILEEN B  
82 Street Address (P.O. Box Number is Not Acceptable)  
5466 GARDEN HILL CIRCLE  
83  
84 City WEST PALM BEACH FL 85 Zip Code 33415

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CASSIDY, EDWARD JAMES  
STREET ADDRESS 1320 LEE RD  
CITY-ST-ZIP PEMBROKE CA 31321-8319

TITLE S  
NAME CASSIDY, GERALDINE  
STREET ADDRESS 1320 LEE ROAD  
CITY-ST-ZIP PEMBROKE GA 31321

TITLE T  
NAME CASSIDY, EILEEN B  
STREET ADDRESS 5466 GARDEN HILL CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: Edward J Cassidy SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/1/99  
Daytime Phone # 917-813-1347

CR2E034 (11/98)