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

PROFIT CORPORATION ANNUAL REPORT

1998

ORMOND BEACH FL 32174



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$56838

(3)

ORMOND BEACH FL 32174

ROBERT P. MCDONNELL & ASSOCIATES, INC.

Principal Place of Business Mailing Address

\$25 SHADOW LAKES BLVD.

\$25 SHADOW LAKES BLVD.

						DO NOT WHITE IN THIS S	PAGE		
						3. Date Incorporated or Qualified 05/30/1991			
2. Principal P	lace of Business	2a, Making Address				4. FEI Number		Applied Fo	or
21		26				59-3069750		Not Applic	cable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6.			
City & Stat	9	City & State				6. Election Campaign Financing	\$5	00 May Be	
23	Country	28	Cou			Trust Fund Contribution	Add	led to Fees	
Zip Country 29 29		Zip		intry		This corporation owes or has paid the current			
			30						
	9. Name and Address of Current	Hegistered Agent			 _	10. Name and Address of New Registered A	gent		
	DONNELL, ROBERT P.			81	Name				
525 SHADOW LAKES BLVD.				82	32 Street Address (P.O. Box Number is Not Acceptable)				
ORMOND BEACH FL 32174				[52] 666					
			[83					
				84	City	FL	85	Zip Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligat	of Florida. Such change was	authorize:	yd b	the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	changir intmen	ng its registe t as register	ered red
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	TE Registere		nt signature rec	quired when reinstating! DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12	,
TITLE	PTD	DELETE	1.1 TIFLE				Char		
NAME	MCDONNELL, ROBERT P.		1.2 NAME					· –	
ı	525 SHADOW LAKES BLVD				**************************************				
STREET ADDRESS	ORMOND BEACH FL		1		ADDRESS				- 1
CITY-ST-ZIP	OTRIOTED BEACHT E	DELETE		IY-SI	-ZIP		Char	nge Adi	dition
TITLE		[Deceie	2.1 H			'		ige Au	UIUOII
NAME			2.2 NAME						
STREET ADDRESS	\		2351	2.3 STREET ADORESS					
CITY-ST-ZIP					T-ZIP		_		
TITLE		☐ DELETE	3.1 TI	'LE		l	Chan	ige 📙 Add	dition
NAME				ME	- 1				
STREET ADDRESS			3 3 ST	REET A	address				
CITY-ST-ZIP			3 4 CI	(TY-51	T-ZIP				1
TITLE	DELETE 4.11		4.1 TH	LE			Char	ige 🔲 Ade	idition
NAME			4. 2 N	ME					
STREET ADDRESS			43 ST	REFT	ADDRESS				
CITY-ST-ZIP			4.4 CI						
TITLE		DELETE	5 1 TH				Chan	ioe 🔲 Ado	dition
NAME			5.2 NA			•			
· 1					*DDDEES				
STREET ADDRESS		•		STREET ADORESS					
CITY-ST-ZIP		Doueste	5.4 CI		- ZIP		100		400
TITLE		☐ DELETE	6.1 717			i	Chan	ige 🗀 Add	umon
NAME			6.2 NA						
STREET ADDRESS			63 ST	REET A	ADDRESS				- 1
CITY-ST-ZIP			6 4 CI						
44 I bereby o	artify that the information supplied with	a this filing door not swalify f	or the eve	2201	ion stated	in Section 119 07/3\(ii) Florida Statutes, Lhuthar cert	ify that	the informs	tion

Increase certain trial trie 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.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0025856

Date

FILED

May 18 1998 8:00am

Secretary of State