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FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54791

(1)

1. Corporation Name
DONRAY, INC.



Principal Place of Business

8006 HOFSTRA DR
COCOA FL 32926

Mailing Address

P.O. BOX 256
SCOTTSBURG IN 47170-0256
US

2. Principal Place of Business

21 5230 W Leota Rd.

Suite, Apt. #, etc.

22

City & State

23 Scottsburg IN

Zip

24 47170

Country

25 ~~SCOTTSBURG~~

2a. Mailing Address

26 5230 W. Leota Rd.

Suite, Apt. #, etc.

27

City & State

28 Scottsburg IN

Zip

29 47170

Country

30 ~~IN~~

3. Date Incorporated or Qualified

07/29/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3136197

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HORAN, MICHAEL F.
2006 HOFSTRA DR
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name Joan Horan

82 Street Address (P.O. Box Number is Not Acceptable)

13596 Feather Sound Cir. W.

83 #2109

84 City Clearwater

FL

85 Zip Code

34622

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/97

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME HORAN, MICHAEL F.
STREET ADDRESS 2006 HOFSTRA DR
CITY-ST-ZIP COCOA FL

TITLE DVS ☐ DELETE

NAME HORAN, LAURA W.
STREET ADDRESS 2006 HOFSTRA DR
CITY-ST-ZIP COCOA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5230 W. Leota Rd.
Scottsburg IN 47170

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5230 W. Leota Rd.
Scottsburg IN 47170

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

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

4/18/97

502-368-1800

CR2E034 (9/96)