

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90002 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 224694

1. Corporation Name
FLORIDA DUNNELTON CORPORATION

Principal Place of Business
 804 S NEWPORT AVE
 TAMPA FL 33606
 US

Mailing Address
 804 S NEWPORT AVE
 TAMPA FL 33606
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1959

4. FEI Number
11-2044099

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. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent
MARMARELLIS, JERRY
 2403 ARDSON PL
 #201B
 TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name
Marmarellis, Joan

82 Street Address (P.O. Box Number is Not Acceptable)
804 South Newport Ave.

83

84 City
Tampa

85 Zip Code
FL 33606

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 Marmarellis* *Joan Marmarellis PD* **7/7/99**
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MARMARELLIS, ANN	
STREET ADDRESS	804 S NEWPORT AVE	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARMARELLIS, JERRY	
STREET ADDRESS	804 S NEWPORT AVE	
CITY-ST-ZIP	TAMPA FL 33606	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marmarellis, Joan	
1.3 STREET ADDRESS	804 South Newport Ave.	
1.4 CITY-ST-ZIP	Tampa, FL 33606	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tisler, Georgia	
2.3 STREET ADDRESS	210 71st St # W	
2.4 CITY-ST-ZIP	Holmes Beach, FL 34217	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BUNT, Elizabeth	
3.3 STREET ADDRESS	300 Brigham Rd.	
3.4 CITY-ST-ZIP	Winterhaven, FL 33881	
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.

SIGNATURE: *Joan Marmarellis* **7/7/99** (813) 254-4028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

July 7, 1999

Florida Dannelton Corp
804 South Newport Ave
Tampa, Florida 33608
(813) 254-4028

224694
588469-90002-3

JOAN MARMARELLIS, GEORGIA A TIISLER & ELIZABETH C BUNT TTEES FBO JERRY MARMARELLIS FAMILY TRUST 804 S NEWPORT TAMPA, FL 33606-2935		SALOMON SMITH BARNEY 1027 Client 62-15/311	
Date <u>May 1, 1999</u>			
Pay to the Order of	<u>Department of State</u>	\$	<u>150.⁰⁰</u>
	<u>One Hundred Fifty and ⁰⁰/₁₀₀</u>	Dollars	<input type="checkbox"/> Security features included. Details on back.
950 C O D E	SALOMON SMITH BARNEY FINANCIAL MANAGEMENT ACCOUNT™ PNC National Bank Wilmington, DE		
For	<u>Florida Dannelton</u>	<u>Joan Marmarellis</u>	MP
⑆03⑆⑆00⑆⑆57⑆⑆ ⑆2⑆⑆225950⑆⑆		⑆027	

Enclosed is a copy of the first check we sent along with a copy of the first form we filed out.

This check and form (the originals) were sent in the same Express Mail Envelope as the ones for Dannelton Oaks Corp of the same address as above.

It appears that only the Dannelton Oaks Corp check from the same account as above was cleared by the bank.

Please accept the enclosed check and application as a replacement. Thank you
Sincerely,
Joan Marmarellis (EP)