

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PM 2:56

DOCUMENT # 646862 (3)
1. Corporation Name
THE DUNN CORPORATION

Principal Place of Business 415 ORANGE AVE P. O. BOX 2180 DAYTONA BEACH FL 32115-2180 US	Mailing Address 415 ORANGE AVE P. O. BOX 2100 DAYTONA BEACH FL 32115-2100 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/31/1979	3a. Date of Last Report 02/22/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1932873	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNN, EDGAR M.JR.
347 SO RIDGEWOOD AVE
DAYTONA BCH FL 32114**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DUNN, SAMUEL G	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 CHOCTAW TR	1.2 NAME	
STREET ADDRESS	ORMOND BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	DUNN, EDGAR M. SR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1141 FLORIDA AVE.	2.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	DUNN, AUSTIN L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1910 SOUTH PENINSULA DR	3.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VD	DUNN, BARRY R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3309 OAK VISTA DRIVE	4.2 NAME	
STREET ADDRESS	DAYTONA BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VD	DUNN, EDGAR M., JR.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34 IROQUOIS TR	5.2 NAME	
STREET ADDRESS	ORMOND BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE VTSD	RICE, W. STEPHEN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	40 RIVERIDGE TRAIL	6.2 NAME	
STREET ADDRESS	ORMOND BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if checked, or on an attachment with an address.

SIGNATURE: *W. Stephen Rice* **W. Stephen Rice, V.P.** **1/10/95** **904-226-3880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number