

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90014 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **646862**

1. Corporation Name
THE DUNN CORPORATION



DO NOT WRITE IN THIS SPACE

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 2180
 DAYTONA BEACH FL 32115-2180
 US

3. Date Incorporated or Qualified
08/31/1979

4. FEI Number
59-1932873

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 Tax. Yes No

2. Principal Place of Business
 21 **200 South Seagrave Street**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **P O Box 2180**
 Suite, Apt. #, etc.

22. City & State
 23 **Daytona Beach FL**

27. City & State
 28 **DAYTONA BEACH, FL**

24. Zip Country
 25 **32114 USA**

29. Zip Country
 30 **32115-2180 USA**

9. Name and Address of Current Registered Agent
DUNN, EDGAR M.JR.
347 SO RIDGEWOOD AVE
DAYTONA BCH FL 32114

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNN, SAMUEL G	
STREET ADDRESS	42 CHOCTAW TR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, EDGAR M. SR.	
STREET ADDRESS	404 S BEACH ST, APT 1201	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, AUSTIN L	
STREET ADDRESS	1910 SOUTH PENINSULA DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNN, BARRY R	
STREET ADDRESS	3309 OAK VISTA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUNN, EDGAR M., JR.	
STREET ADDRESS	34 IROQUOIS TR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	RICE, W. STEPHEN	
STREET ADDRESS	40 RIVERRIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: W. Stephen Rice **SIGNATURE REQUIRED** vice President 2/22/99 904-226-3885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)