

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **717975** (7)

1. Corporation Name

**DUNDEE CHAMBER OF COMMERCE, INC.**



|                                                                       |                                                                |
|-----------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>PO BOX 1000<br/>DUNDEE FL 33838</b> | Mailing Address<br><b>PO BOX 1000<br/>DUNDEE FL 33838-1000</b> |
|-----------------------------------------------------------------------|----------------------------------------------------------------|

|                                                        |                                              |
|--------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/29/1970</b> | 3a. Date of Last Report<br><b>01/31/1996</b> |
|--------------------------------------------------------|----------------------------------------------|

|                                             |                                  |                                                                                    |                                                        |
|---------------------------------------------|----------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>59-2759164</b>                                                 | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> | 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$8.75</b> Additional Fee Required                  |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees                     |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             | Zip<br><b>29</b>                                                                   | Country<br><b>30</b>                                   |

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

**GARDNER, PETER T  
105 CENTER ST  
DUNDEE FL 33838**

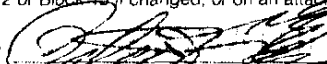
|                                                              |
|--------------------------------------------------------------|
| <b>81</b> Name                                               |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>                                                    |
| <b>84</b> City                                               |
| <b>FL</b> <b>85</b> Zip Code                                 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>WATTS, DENISE</b>                       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>806 LISA LANE</b>                       | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DUNDEE FL</b>                           | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHARLEBOIS, DENNIS</b>                  | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>207 US 27 SOUTH</b>                     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DUNDEE FL 33838</b>                     | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>TDS</b> <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GARDNER, PETER</b>                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>905 EDMUND</b>                          | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DUNDEE FL 33838</b>                     | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PALMER, DOROTHY</b>                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>208 GREENHAVEN DRIVE</b>                | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DUNDEE FL</b>                           | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BASOM, DEBBIE</b>                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>1013 SR 542 W</b>                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DUNDEE FL</b>                           | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DANLEY, RICHARD</b>                     | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             | <b>243 US HWY 27 S</b>                     | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | <b>DUNDEE FL</b>                           | 6.4 CITY-ST-ZIP                                       |                                                                   |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:  **PETER T. GARDNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97 (941) 439-1086  
Date: \_\_\_\_\_ Daytime Phone #: **0053586**

CR2E037 (9/96)