FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:48

DOCUMENT # P14516 (9)

1. Corporation Name
DUNHILL OF BRADENTON INC.

Principal Place of Business
4301 32ND ST., W. STE. C-19
BRADENTON FL 34205-2748

Mailing Address
4301 32ND ST., W. STE. C-19
BRADENTON FL 34205-2748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1987
3a. Date of Last Report: 04/25/1994
4. FEI Number: 36-3130975 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

VOYLES-ABRAHAMSON, JOAN E
4301 32ND STREET, WEST
BRADENTON FL 33505

10. Name and Address of New Registered Agent

81 Name: JOAN E. ABRAHAMSON VOYLES
82 Street Address (P.O. Box Number is Not Acceptable): 4301-32nd St. W.; Suite C-19
83
84 City: Bradenton FL 85 Zip Code: 34205

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 E. Abrahamson Voyles [signature] President [signature] 1/12/95
Signature, typed or printed name of registered agent and title if applicable / (NOTE: Registered Agent signature required when reinstating) / Date

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	VOYLES, CARL
STREET ADDRESS	517 LOQUAT
CITY - ST - ZIP	ANA MARIA FL
TITLE	PPD
NAME	VOYLES-ABRAHAMSON, JOAN
STREET ADDRESS	517 LOQUAT
CITY - ST - ZIP	ANNA MARIA FL
TITLE	S
NAME	ABRAHAMSON
STREET ADDRESS	3361 MEANDER AVE
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	T
NAME	ABRAHAMSON-VOYLES, JOAN
STREET ADDRESS	517 LOQUAT
CITY - ST - ZIP	ANNA MARIA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☐ Change ☐ Addition
12 NAME	VOYLES, JOAN ABRAHAMSON	
13 STREET ADDRESS	517 LOQUAT	
14 CITY - ST - ZIP	ANNA MARIA, FL 3421_	
21 TITLE	VP	☐ Change ☐ Addition
22 NAME	VOYLES, CARL	
23 STREET ADDRESS	517 LOQUAT	
24 CITY - ST - ZIP	ANNA MARIA, FL 3421_	
31 TITLE	S	☐ Change ☐ Addition
32 NAME	ABRAHAMSON, ERIK	
33 STREET ADDRESS	3361 MEANDER LANE	
34 CITY - ST - ZIP	SAFETY HARBOR, FL 34695	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing, voluntarily furnished and 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 E. Abrahamson Voyles [signature] 1-12-95 813-756-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0337035 CP