

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000050286 (0)

1. Corporation Name  
DAN WYNNE, INC.



Principal Place of Business: ROUTE 4, NO. 1035 CHURCH ROAD CALLAHAN FL 32011  
Mailing Address: ROUTE 4, NO. 1035 CHURCH ROAD CALLAHAN FL 32011-9224

3. Date Incorporated or Qualified: 06/27/1995  
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business: 21 3899 Church Rd.  
Suite, Apt. #, etc.:  
22  
City & State: 23 Callahan, FL  
Zip: 24 32011 Country: 25 U.S.A.  
2a. Mailing Address: 26 3899 Church Rd.  
Suite, Apt. #, etc.:  
27  
City & State: 28 Callahan, FL  
Zip: 29 32011 Country: 30 U.S.A.

4. FEI Number: 59-3322325  
Applied For: Not Applicable  
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  
SMITH, HULSEY & BUSEY  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE FL 32202

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: \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	ELMER D. WYNNE, JR.	
STREET ADDRESS	RT. 4 BOX 1035	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SANDRA E. WYNNE	
STREET ADDRESS	RT 4 BOX 1035	
CITY-ST-ZIP	CALLAHAN FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elmer D. Wynne, Jr.	(address)
1.3 STREET ADDRESS	3899 Church Rd.	
1.4 CITY-ST-ZIP	Callahan, FL 32011	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sandra E. Wynne	(address)
2.3 STREET ADDRESS	3899 Church Rd.	
2.4 CITY-ST-ZIP	Callahan, FL 32011	
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: \_\_\_\_\_

CR2E034 (9/96)