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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 225460

(5)

THE W.B. DUNN COMPANY, INC.

1115 711	D. DOMN COM ANT, MA	<b>,</b>				# IDANA MANA MANA DINI DINI DINA ANII A	181)	
Principal Plac	e of Business	Mailing Ad	dress				.BI	
1242 N JEFFE MONTICELLO	rson street	1242 N JEF	FERSON STI O FL 32344		•			
	• • • • • • • • • • • • • • • • • • • •	WOITINGE C	-0 12 900111	<b>2</b> 677				
						3. Date Incorporated or Qualified 07/02/1959		*
2. Principal P	Place of Business	2a. Mading	2a. Mailing Address			4. FEI Number	05/01/1996	Applied For
21		26	26			<b>59-0871087</b> Not Applicable		
Suite, Apt	#, etc		Suite, Apt #, etc.			5. Cartificate of Status Desired S8.75 Additional		
City & Stat	f)	27 City 8 S	City & State				Fee P	Required
			Ony of State			8. Election Campaign Financing		0 May Be I to Fees
Zip	Country	Zip		Coun	try	8. This corporation has liability for		
25		29				Florida Statutes X Yes No		
	9. Name and Address of Cui	rrent Registered Ag	jent		Name	10. Name and Address of New F	legistered Agent	<del></del>
	nn,eugenia p 2 n. Jefferson							
	NTICELLO FL 32344		82 Street		Street Add	Iress (P.O. Box Number is Not Accept	able)	
11101	TOTAL TE SEST			Ē	33			<del></del>
				8	34 City		<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 61.7	0502 and 607 1508	Florida Stati	ites the abo	ve-named cor	noration submits this statement for the	FL   sa   Zip	ita raniaharad
office or r	egitisce agent or both, in the Si ru amiliar with, and accept the of	late of Florida, Such	change was	authorized	by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	ept the appointment as	s registered
SIGNATURE	Eusenia P.	Lung	1007,0000,1	IOIIGA Statu	iça.		1/1/100	
SIGNATURE	Signature a led or punited name of registers.		(NC	TE: Registered A	Agent signature requi	ired when reinstating)	DATE	
12.		AND DIRECTORS	brita	13.		ADDITIONS/CHANGES TO OFF		
TiTLE NAME	P P P P P P P P P P P P P P P P P P P	ι	DEFELE	1.1 TITU			Change	Addition
STREET ADDRESS	DUNN,EUGENIA P. 1242 N. JEFFERSON			1.2 NAM	EET ADDRESS	-		
CITY ST ZIF	MONTICELLO FL				-ST-ZIP			
TITLE	ST		DELETE	2.1 TITLE			Change	Addition
NAME	DUNN, WALTER B. IN			2.2 NAM	ie i			
STREET ADDRESS	1242 N. JEFFERSON			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MONTICELLO FL			2. 4 CIT	Y-ST-ZIP			
TITLE	D	Ļ	DELETE	3.1 TITLI			Change	Addition
NAME	GRABENSTEIN, E. KAY			3.2 NAM				1
STREET ADORESS	6523 ALDERLEY WAY				EET ADDRESS			
CITY-ST-ZIP TITLE	WEST BLOOMFIELD MI		DELETE	3.4. CITY 4.1 TITU	Y-ST-ZIP		Change	Addition
NAME		•		4. 2 NAM			Change	L. Hadillon
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP					- ST - ZIP			
TOTLE			DELETE	5.1 TITLI			☐ Change	Addition
N4ME				5.2 NAM	IE			
STREET ADDRESS				5.3 STRE	EFT ADDRESS			
CITY - ST - ZIP			T 55. 222	5.4 CITY				
TITLE		ſ	J DELETE	6.1 TITLS			Change	Addition
NAME CTOUCT ADDOCCO				6.2 NAM				
STREET ADDRESS					ET ADDRESS			
14. I do heret	y certify that the information supp	plied with this filing d	loes not qua	6.4 CiTY lify for the ex	vernation states	d in Section 119.07(3)(i), Florida Statul	tes. I further certify the	it the
informatio Lam an of	n indicated on this annual report (	or supplemental ann n or the receiver or tr	iual report is rustee empo	true and ac wered to exi	curate and that	t my signature shall have the same leg rt as required by Chapter 607, Florida	hal effect as if made ur	nder nath: that i

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97

(904)997-2013 Daytime Phone #

**FILED** 

Feb 03 1997 8:00am

Secretary of State