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

APPROVED AND FILED
95 APR 25 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **337282** **(8)**

1. Corporation Name
DUNWORKIN CORPORATION

Principal Place of Business	Mailing Address
770 W BAY ST WINTER GARDEN FL 34787-2606	770 W BAY ST WINTEN GARDEN FL 34787-2606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/04/1968**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1263272** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LORY, JOHN
770 W BAY STREET
WINTER GARDEN FL 32787

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	S,V	☒ Change ☐ Addition
NAME	~~BAKER, JAMES P~~	1.2 NAME	TAMERA SURBER LORY	
STREET ADDRESS	~~770 W BAY ST~~	1.3 STREET ADDRESS	770 W. BAY ST.	
CITY-ST-ZIP	~~WINTER GARDEN, FL 00000~~	1.4 CITY-ST-ZIP	WINTER GARDEN, FL	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LORY, JAMES R.	2.2 NAME		
STREET ADDRESS	770 W. BAY ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	LORY, JOHN	3.2 NAME		
STREET ADDRESS	770 W BAY ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LORY, LINDA	4.2 NAME		
STREET ADDRESS	770 W BAY ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LORY, ROBERT J.	5.2 NAME		
STREET ADDRESS	770 W. BAY ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	T	XX Change ☐ Addition
NAME	~~HADLEY, TERRY~~	6.2 NAME	TAMERA SURBER LORY	
STREET ADDRESS	~~232 S DILLARD ST~~	6.3 STREET ADDRESS	770 W. BAY ST.	
CITY-ST-ZIP	~~WINTER GARDEN, FL 00000~~	6.4 CITY-ST-ZIP	WINTER GARDEN, FL 34786	

14. I do hereby certify that the information supplied with this filing is 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: JOHN C. LORY, PRESIDENT 4/20/95 (407) 877-9544
SIGNATURE AND TYPED OR PRINTED NAME OF MOHING OFFICER OR DIRECTOR — Date — Daytime Phone #

037B09 CF