

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

FILED  
Mar 13, 1999 8:00 am  
Secretary of State

03-13-1999 90007 033 \*\*\*\*\*8.75  
03-13-1999 90007 034 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 375939

1. Corporation Name  
C.R. DUNN, INC.

Principal Place of Business  
1214 POPE LANE  
LAKE WORTH FL 33460  
US

Mailing Address  
1214 POPE LANE  
LAKE WORTH FL 33460  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/21/1971

4. FEI Number  
59-1313393

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

9. Name and Address of Current Registered Agent  
KIMBERLY A. DUNN  
1214 POPE LN  
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent  
81 Name  
Clyde R. Dunn  
82 Street Address (P.O. Box Number is Not Acceptable)  
141 Longfellow Dr.,  
83  
84 City  
Palm Springs, FL  
85 Zip Code  
33461

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 607.0506, Florida Statutes.

SIGNATURE Clyde R. Dunn  
DATE 2-18-99

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KIMBERLY A. DUNN	
STREET ADDRESS	2590 BEDFORD MEWS DR	
CITY-ST-ZIP	WEST PALM BEACH 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		
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	Clyde R. Dunn	
1.3 STREET ADDRESS	141 Longfellow Dr.,	
1.4 CITY-ST-ZIP	Palm Springs, FL 33460	
2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Russell P. Dunn	
2.3 STREET ADDRESS	14156 -6th Ct.	
2.4 CITY-ST-ZIP	Loxahatchee, FL 33470	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *Clyde R. Dunn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Clyde R. Dunn, President

Date 2-18-99 Daytime Phone # 561-585-2155

CR2E034 (1/98)