

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **633620** (0)

1. Corporation Name
DUNN ENGINEERING OF GAINESVILLE, INC.



Principal Place of Business: **806 NW 22ND ST, P.O. BOX 13705, GAINESVILLE FL 32603**
Mailing Address: **806 NW 22ND ST, P.O. BOX 13705, GAINESVILLE FL 32603**

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. City & State: 27
23. Zip: 28
24. Country: 29

3. Date Incorporated or Qualified: **08/14/1979**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-1928720**
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 or intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**DUNN, T. O.
806 N.W. 22ND ST.
GAINESVILLE FL 32603**

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, C A	NAME	
STREET ADDRESS	806 NW 22ND STREET	STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 00000	CITY, ST, ZIP	
TITLE	PD <input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, T O	NAME	
STREET ADDRESS	806 NW 22ND STREET	STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE, FL 00000	CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 changes, or on an attachment with an address.

SIGNATURE: **T.O. Dunn** T.O. Dunn Feb. 1, 1996 (352) 377-6259

CR2E034 (12/95)