

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90014 014 \*\*\*150.00

DOCUMENT # 646862

1. Corporation Name

THE DUNN CORPORATION

Principal Place of Business

415 ORANGE AVE  
P. O. BOX 2180  
DAYTONA BEACH FL 32115-2180  
US

Mailing Address

415 ORANGE AVE  
P. O. BOX 2180  
DAYTONA BEACH FL 32115-2180  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1979

4. FEI Number

59-1932873

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

21 200 South Seagrave Street

2a. Mailing Address

26 P O Box 2180

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Daytona Beach FL

City & State

28 DAYTONA BEACH, FL

Zip

Country

24 32114 25 USA

Zip

Country

29 32115-2180 30 USA

9. Name and Address of Current Registered Agent

DUNN, EDGAR M.JR.  
347 SO RIDGEWOOD AVE  
DAYTONA BCH FL 32114

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME DUNN, SAMUEL G  
STREET ADDRESS 42 CHOCTAW TR  
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

TITLE D  
NAME DUNN, EDGAR M. SR.  
STREET ADDRESS 404 S BEACH ST, APT 1201  
CITY-ST-ZIP DAYTONA BEACH FL ☐ DELETE

TITLE D  
NAME DUNN, AUSTIN L  
STREET ADDRESS 1910 SOUTH PENINSULA DR  
CITY-ST-ZIP DAYTONA BEACH FL ☐ DELETE

TITLE VD  
NAME DUNN, BARRY R  
STREET ADDRESS 3309 OAK VISTA DRIVE  
CITY-ST-ZIP DAYTONA BEACH FL ☐ DELETE

TITLE VD  
NAME DUNN, EDGAR M., JR.  
STREET ADDRESS 34 IROQUOIS TR  
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

TITLE VTSD  
NAME RICE, W. STEPHEN  
STREET ADDRESS 40 RIVERIDGE TRAIL  
CITY-ST-ZIP ORMOND BEACH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

W. Stephen Rice  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99  
Date

904-226-3885  
Daytime Phone #

CR2E034 (1/98)