PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 697219

1. Corporation Name

RICHARD H. DUNN CO., INC.

Principal Place	e of Business	Mailing Address								
C/O RICHARD	H. DUNN	C/O RICHARD H. DUNN			1					
502 N.W. 7TH STREET		502 N.W. 7TH STREET				DO NOT WRITE IN THIS SPACE				
DELRAY BEACH FL 33444		DELRAY BEACH FL 33444			3.	3. Date Incorporated or Qualifed				
						08/03/1981				
2. Principal Pl	ace of Business	2a. Mailing Address			4.	. FEI Number		Арр	lied For	
21		26				59-2121246		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				. Certifcate of Status Desired			dditional	
22		27			J 3.	. Certificate of Status Desired	F	ee Req	uired	
City & State		City & State	City & State		6.	. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution	A	dded to	Fees	
Zip	Country	— — —	Country		8.	. This corporation owes the current year				
24	25	29 30				Personal Property Tax.	☐ Ye	<u> </u>	□No	
	9. Name and Address of Curre	nt Registered Agent	81	N		. Name and Address of New Registere	a Agent			
DUN	N DICHADO H		01	Name	•					
DUNN, RICHARD H. 502 N.W. 7TH STREET DELRAY BEACH FL 33444			82	82 Street Address (P.O. Box Number is Not Acceptable)						
UCLI	TAT DEAUTI FL 33444		83							
			84	City			85	Zip C	ode	
_				<u> </u>		F	_			
office or r	egistered agent, or both, in the State	e of Florida, Such change was author ations of, Section 607.0505, Florida	nzea by	the cor	poration's b	on submits this statement for the purpose poard of directors, I hereby accept the ap	pointment	as reg	istered	
SIGNATURE										
	Signature, typed or printed name of registered age			nt signature	required when	reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DID	ECTO	DS IN 12	
12.		ND DIRECTORS	13. 1,1 TITLE		T	ADDITIONS/CHANGES TO OFFICERS	CH		Addition	
TITLE	DP									
NAME	DUNN, RICHARD H		1.2 NAME							
STREET ADDRESS	502 NW 7TH STREET		1.3 STREE		5					
CITY-ST-ZIP	DELRAY BEACH, FL 00000		14 CITY-S	T-ZIP	 		□ Ch	anne	Addition	
TITLE		-	2.1 TITLE			•	_ ~	ungo		
NAME			2.2 NAME		_	,				
STREET ADDRESS			2.3 STREE		5				<u>-</u> .	
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP	+		□ CI	12006	Addition	
TITLE		_	3.1 TITLE					ango		
NAME			32 NAME							
STREET ADDRESS			3.3 STREE		s				-	
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP		<u> </u>			Addition	
TITLE		_	4.1 TITLE			•		larige	☐ Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	TADDRES	s					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>					
TITLE			5.1 TITLE			•	C	lange	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS		1	5.3 STREE		S	•				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE				□ c)	iange	Addition	
NAME			6.2 NAME						}	

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90110 046 ***150.00