

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Martinez  
Secretary of State  
CORPORATION DIVISION

RECEIVED  
MAY 10 1995  
9:10  
TOWNSEND, TN STATE  
TOWNSEND, FLORIDA

DOCUMENT # **765730** (7)  
1. Corporation Name  
**CLAN DUNBAR, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **2361 MONTROSE PL SNELLVILLE FL 30278**  
Mailing Address: **2361 MONTROSE PL SNELLVILLE FL 30278**

3. Date incorporated or Qualified <b>11/12/1982</b>	3a. Date of Last Report <b>06/30/1994</b>
4. FEI Number <b>02-0408172</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>224 RIVERVIEW RD</b> Suite, Apt #, etc	26 <b>224 RIVERVIEW RD</b> Suite, Apt #, etc
22 City & State <b>TOWNSEND, TN</b>	27 City & State <b>TOWNSEND, TN</b>
23 Zip <b>37882</b>	28 Zip <b>37882</b>
24 Country <b>USA</b>	29 Country <b>USA</b>

9. Name and Address of Current Registered Agent  
**DUNBAR, JAMES SCOTT  
RT 2, BOX 4961  
CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.06(1) and 607.1908, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DCP</b>
NAME	<b>DUNBAR, DANIEL G</b>
STREET ADDRESS	<b>2361 MONTROSE PL</b>
CITY, ST, ZIP	<b>SNELLVILLE GA</b>
TITLE	<b>SD</b>
NAME	<b>DUNBAR, CAROLYN P</b>
STREET ADDRESS	<b>2361 MONTROSE PL</b>
CITY, ST, ZIP	<b>SNELLVILLE GA</b>
TITLE	<b>TD</b>
NAME	<b>DUNBAR, DAVIS T</b>
STREET ADDRESS	<b>438 HIGH STREET</b>
CITY, ST, ZIP	<b>BETHLEHEM PA</b>
TITLE	<b>VD</b>
NAME	<b>CLUGSTON, NORMAN D</b>
STREET ADDRESS	<b>5202 BELLFLOWER BLVD</b>
CITY, ST, ZIP	<b>LAKEWOOD CA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>224 RIVERVIEW RD</b>
14 CITY, ST, ZIP	<b>TOWNSEND, TN 37882</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>224 RIVERVIEW RD</b>
24 CITY, ST, ZIP	<b>TOWNSEND, TN 37882</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 199.02(1)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel G Dunbar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 April 1995 6:54 PM '95  
DATE TIME