


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 03 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765730 (7)**

1. Corporation Name  
**CLAN DUNBAR, INC.**



Principal Place of Business <b>224 RIVERVIEW RD TOWNSEND TN 37882 US</b>	Mailing Address <b>224 RIVERVIEW RD TOWNSEND TN 37882-4010 US</b>
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3. Date Incorporated or Qualified <b>11/12/1982</b>	3a. Date of Last Report <b>02/12/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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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 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>DCP</b>	
NAME	<b>DUNBAR, DANIEL G</b>	
STREET ADDRESS	<b>224 RIVERVIEW RD</b>	
CITY-ST-ZIP	<b>TOWNSEND TN</b>	
TITLE	<b>SD</b>	
NAME	<b>DUNBAR, CAROLYN P</b>	
STREET ADDRESS	<b>224 RIVERVIEW RD</b>	
CITY-ST-ZIP	<b>TOWNSEND TN</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		<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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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 **21 Jan 1997** 423.448.8100  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075837

CR2E037 (9/96)