FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

DOCUMENT # 765730

Suite, Apt. #, etc.

CLAN DUNBAR, INC.

Principal Place of Business	Mailing Address
224 RIVERVIEW RD	224 RIVERVIEW RD
TOWNSEND TN 37882	TOWNSEND TN 37882
US	US

FILED Mar 05, 1999 8:00 am Secretary of State

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224 RIVERVIEW RD TOWNSEND TN 37882 US	224 RIVERVIEW RD TOWNSEND TN 37882 US					
Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed 11/12/1982				
Suite Ant # etc	Suite, Apt. #, etc.	4. FEI Number	Applied For			

22	Suite, Apt. #, etc.	27	Suito, Apr. II, Sto.			02-0408172			Not Applicable
	City & State	28	City & State			5. Certifcate of Status Desired			75 Additional ee Required
24	Zip Country	29	Zip Cou	ıntry		6. Election Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees
	9. Name and Address of Current	Regi	stered Agent			10. Name and Address of New Regist	ered A	gent	
				81	Name -				
	DUNBAR, JAMES SCOTT RT 2. BOX 4961			82	Street Addres	ess (P.O. Box Number is Not Acceptable)			
	CRAWFORDVILLE FL 32327			83				_	
				84	City		Ci	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

SIGNATURE	Signature, typed or printed name of registered agent and title if an		Registered Agent signature r		DATE	
12.	OFFICERS AND DIRECT	13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTO		
TITLE	DCP	☐ DELETE	1.1 TITLE		Change	Addition
NAME	DUNBAR, DANIEL G		1.2 NAME			
STREET ADDRESS	224 RIVERVIEW RD		1.3 STREET ADORESS			
CITY-ST-ZIP	TOWNSEND TN		1.4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE		Change	Additio
NAME	DUNBAR, CAROLYN P		2.2 NAME			
STREET ADDRESS	224 RIVERVIEW RD		2.3 STREET ADDRESS	}		
CITY-ST-ZIP	TOWNSEND TN		2.4 CITY-ST-ZIP			
TITLE	TD	DELETE	3.1 TITLE	TD	☐ Change	Additio
NAME	DUNBAR, DAVIS T	,	3.2 NAME	MATTHEW T, MAKS	=1	
STREET ADDRESS	2219 KIRKLAND VILLAGE CIRCLE		3.3 STREET ADDRESS	100 ELLINWOOD DR	APT_C-222	
CITY-ST-ZIP	BETHLEHEM PA 18017		3.4, CITY-ST-ZIP	PLEASANT HILL,	CA 94523	
TITLE	VD	☐ DELETE	4.1 TITLE		Change	☐ Additio
NAME	CLUGSTON, NORMAN D		4. 2 NAME			
STREET ADDRESS	5202 BELLFLOWER BLVD		4.3 STREET ADDRESS	ļ		
CITY-ST-ZIP	LAKEWOOD CA		4.4 CITY-ST-ZIP			
TITLE		□ DELETE	5.1 TITLE	1	Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1	Change	Addition Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	ļ		
			64 CITY ST 7ID	1		

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 617, 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:

29 JANUARY 1999

A23,448,8100