

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90031 013 ***150.00

DOCUMENT # F95000001766

1. Corporation Name
DUNLAP SALES, INC.

Principal Place of Business
**7066 NW 50TH STREET
MIAMI FL 33166-5634**

Mailing Address
**7066 NW 50TH STREET
MIAMI FL 33166-5634**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

61-0864170

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAZQUEZ, ALGEISA
7066 NW 50TH STREET
MIAMI FL 33166-5634**

81 Name

RENATO LIMA

82 Street Address (P.O. Box Number is Not Acceptable)

7066 NW 50TH STREET

83

84 City

MIAMI,

FL

85 Zip Code

33166

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

Renato Lima

Renato Lima

4-30-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE
NAME **MCINNIS, BRUCE J**
STREET ADDRESS **404 HUNTER PLACE (PO BOX 751)**
CITY-ST-ZIP **HOPKINSVILLE KY 42241-0751**

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

TITLE **VSD** ☐ DELETE
NAME **MCINNIS, JANE D**
STREET ADDRESS **404 HUNTER PLACE (PO BOX 751)**
CITY-ST-ZIP **HOPKINSVILLE KY 42241-0751**

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

TITLE **C** ☐ DELETE
NAME **DUNLAP, JACK A**
STREET ADDRESS **3640 LAKEMONT**
CITY-ST-ZIP **BONITA SPRINGS FL 33923**

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

TITLE **CFO** ☐ DELETE
NAME **KING, RUSSELL D**
STREET ADDRESS **6960 WEST JEFF DAVIS HWY**
CITY-ST-ZIP **ELKTON KY 42220**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *Bruce J. McInnis* **BRUCE J. MCINNIS** 4/30/99

(305) 599-3391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0241029