

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90128 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G30555

1. Corporation Name
DUNBAR CORPORATION



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1983

4. FEI Number

59-2271847

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

Principal Place of Business

**1614 SANTA BARBARA DRIVE
DUNEDIN FL 34698**

Mailing Address

**1014 SANTA BARBARA DRIVE
DUNEDIN FL 34698**

2. Principal Place of Business

21 32845 U.S. HIGHWAY 19

2a. Mailing Address

26 P.O. Box 66

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 PALM HARBOR FL

City & State

28 OZONA, FL

Zip Country

24 34684 25 US

Zip Country

29 34660-0066 30 US

9. Name and Address of Current Registered Agent

**DUNBAR, DAVID W.
1014 SANTA BARBARA DRIVE
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name

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

Box 32845 U.S. HIGHWAY 19

83

84 City **PALM HARBOR**

FL

85 Zip Code **34684**

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

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

(NOTE: Registered Agent signature required when reinstating)

1-6-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **DUNBAR, DAVID W.**
STREET ADDRESS **1614 SANTA BARBARA DRIVE**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **D** ☐ DELETE

NAME **DUNBAR, CYNTHIA S.**
STREET ADDRESS **1614 SANTA BARBARA DRIVE**
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **P.O. Box 66 (295 SHORE DRIVE)**
1.4 CITY-ST-ZIP **OZONA FL 34660-0066**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **P.O. Box 66 (295 SHORE DRIVE)**
2.4 CITY-ST-ZIP **OZONA FL 34660-0066**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)