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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J36974 1. Corporation Name

DUNLAP MASONRY, INC.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90036 036 ***150.00



						. <u>.</u>				
Principal Plac	e of Business	Mail	ling Address						-	
7076 SW ENVIRONMENTAL LAB ARCADIA FL 33821 US 7076 SW ENVIRONMENTAL L ARCADIA FL 33821 US							DO NOT WRITE IN THI	S SPACE		
						3. Date Incorporated or Qualifed				
	•						10/08/1986	• ;	•	
2 Oringinal E	Place of Business	22	Mailing Address				4. FEI Number		Applied For	1
Z. Principal r	riace or business		maining / ladi ooo				59-2737727		Not Applicable	1 :
21 Cuito Ant	# oto	26	Suite, Apt. #, etc.						Additional	18
Suite, Apt.	. #, etc.	27	oune, Apr. #, orc.				5. Certifcate of Status Desired		Required	
City & Cto	to.		City & State				6. Election Campaign Financing	\$5.0	May Be	1
City & Sta	ile .	28	Ony is oldic		-		Trust Fund Contribution	•	to Fees	
23 Zip	Country		Zip	Cou	untry		8. This corporation owes the current year li	ntangible		7
一 ・	25	29		30			Personal Property Tax.	Yes	□No	'
24	9. Name and Address of Current		ered Anent	1301	1		10. Name and Address of New Registered	1 Agent		1
	S. Name and Address of Current	region	viou rigorii		81	Name				1
DU	NLAP, JOHN									4
	6 SW ENVIRONMENTAL LAB ST.				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			ŀ
	CADIA FL 33821				83			100 1141 35	11.21.231.11.2	1
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			•		84	City	F	85 Zi	Code	
TARK CHECK	man mare distant	*	7 4 FOR FILED CALL				poration submits this statement for the purpose of	of changing i	ts registered	1
office or	registered agent or both in the State (of Florida	a. Such change was a	authorize	a ov	the corporation	on's board of directors. I hereby accept the app	ointment as	registered	
🥬 agent. I a	am familiar with, and accept the obligat	ions of, S	Section 607.0505, Flo	orida Stat	tutes.	•				
SIGNATURE							of when reinstaling). DATE		 ,	
	Signature, typed or printed name of registered agen					it signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	- 8
12.	OFFICERS AN) DIKEC	DELETE	13.	TILE	· · · ·		Chang		1 3
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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.

6.4 CITY-ST-ZIP