

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 22, 1999 8:00 am
Secretary of State

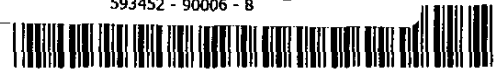
07-22-1999 90006 008 ***550.00

DOCUMENT # **J88278**

1. Corporation Name

DUGAN AND DUGAN, P.A.

* 5 9 593452 - 90006 - 5 2 *



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1775 W HIBISCUS BLVD
209
MELBOURNE FL 32901

Mailing Address
P.O. BOX 747
MELBOURNE FL 32902-6747
US

3. Date Incorporated or Qualified

08/19/1987

2. Principal Place of Business

21 **3250 CONCOURS**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 **MELBOURNE FL**

Zip

Country

Zip

Country

24 **32934**

25

USA

29

30

4. FEI Number

59-2840112

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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUGAN, W. DAVID
1775 W HIBISCUS BLVD, STE 209
MELBOURNE 32901

81 Name

W. DAVID DUGAN

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

3250 CONCOURS ST

83

84 City

MELBOURNE

FL

85

Zip Code

32934

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

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

W. DAVID DUGAN
(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **DUGAN, W. DAVID**
STREET ADDRESS **3250 CONCOURS**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **DST** ☐ DELETE
NAME **DUGAN, DELSIE M**
STREET ADDRESS **3250 CONCOURS**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

W. David Dugan
Signature and typed or printed name of signing officer or director

Date

7/12/99

Daytime Phone #

407 259-5067

CR2E034 (5/99)