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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J98901 (8)

1. Corporation Name
DUNHILL CONSTRUCTION OF FLORIDA, INC.



Principal Place of Business

16522 OFFENHAUR RD.
ODESSA FL 33556
US

Mailing Address

POST OFFICE BOX 271120
TAMPA FL 33688-1120
US

3. Date Incorporated or Qualified
10/21/1987

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 1044 NW 124TH DR

2a. Mailing Address

26 P.O. BOX 14080

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 NE

27

City & State

23 NEWBERRY FL

City & State

28 GAINESVILLE, FL

Zip

24 32669

Country

25 USA

Zip

29 32604

Country

30 USA

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCOTT, BASTING D.
16522 OFFENHAUR ROAD
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name

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

1044 NW 124TH DR

83

84 City

NEWBERRY

FL

85 Zip Code

32669

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 the provisions of Sections 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BASTING, D. SCOTT
STREET ADDRESS 16522 OFFENHAUR ROAD
CITY-ST-ZIP ODESSA FL

TITLE PST ☐ DELETE

NAME BASTING, D. SCOTT
STREET ADDRESS 16522 OFFENHAUR ROAD
CITY-ST-ZIP ODESSA 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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 1044 NW 124TH DR
1.3 STREET ADDRESS NEWBERRY FL 32669
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 1044 NW 124TH DR
2.3 STREET ADDRESS NEWBERRY FL 32669
2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97

Date

352/332-1711

Daytime Phone #

CR2E034 (9/96)