03-01-1999 90122 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1/070

1. Corporation	DUNSON & ASSOCIATES,							
Principal Place of Business Mailing Address						- 3 (8878)(\$ 800 21131 (8811 8815) garin arii arais))
% GARY G. DOUNSON 2831 N.W. 41ST STREET, SUITE H GAINESVILLE FL 32606		% Gary G. Dounson 2831 n.w. 41st street, suite H Gainesville Fl 32606		DO NOT WRITE IN THIS SPACE				
GAINESVILLE TI	. 32000	CANALOTTELE 1E 02000				3. Date Incorporated or Qualifed 09/30/1988		
	ace of Business	2a. Mailing Address				4. FEI Number 59-2910044		oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
22		27					Fee Re	
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country Zip Co			,		8. This corporation owes the current year In	tangible	_
24	25 29 30		30			Personal Property Tax.	_ ☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		,		10. Name and Address of New Registered	Agent	_
DOUNSON, GARY G. 3952 NW 29TH LANE GAINESVILLE FL 32606				5	Name Street Addre	ess (P.O. Box Number is Not Acceptable)		
GAIN	ESVILLE FL 32000		83					
			84	1	City	Fi	85 Zip (Code
office or n agent. I a	egistered agent, or both, in the State or familiar with, and accept the obligations. Signature, typed or printed name of registered age	ations of, Section 607.0505, Flori	oa Statutes	5.		oration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose on the purpose on the purpose of the	intment as re	gistered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	DOUNSON, GARY G		12 NAME					
STREET ADDRESS	3952 N.W. 29TH LN.		1.3 STREE	TAD	ORESS			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-\$	ST-ZI	IP			
TITLE	ST			2.1 TTTLE			Change	☐ Addition
NAME	DOUNSON, GARY G.		2.2 NAME					
STREET ADDRESS	3952 N.W. 29TH LANE		2.3 STREE	TAD	DRESS	t to the	· -	
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CITY-ST		<u>n</u> P		Change	Addition
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE					
CHTY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		<u>11P</u>		☐ Change	Addition
TITLE		□ pere:e	4.1 TITLE 4. 2 NAME					
NAME			I.		-00500	,		
STREET ADDRESS			4.3 STREE					
CITY-ST-ZIP		DELETE	5.1 TITLE		<u> </u>		Change	Addition
TITLE		□ 2222.2	5.2 NAME					
NAME expect appears			5.3 STREE		DIDRESS			
STREET ADDRESS			5.4 CITY-S			•		
TITLE		☐ DELETE	6.1 TITLE		-		☐ Change	☐ Addition
NAME		-	6.2 NAME					

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OFFICER OR DIRECTOR