FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Sep 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)DUNLAP CONSTRUCTION, INC. Principal Place of Business Mailing Address % ROBERT ALAN DUNLAP % ROBERT ALAN DUNLAP RT. 2. BOX 502 RT. 2. BOX 502 ALACHUA FL 32615 DO NOT WRITE IN THIS SPACE ALACHUA FL 32615 3. Date Incorporated or Qualified 07/24/1989 4. FEI Number 2. Principal Place of Business Applied For 59-2959745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 19809 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DUNLAP, ROBERT ALAN RT. 2. BOX 502 Street Address (P.O. Box Number is Not Acceptable) ALACHUA FL 32615 83 Zip Code 3 26/5 84 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 fapiliar with, and accept the obligations of section 607,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) (2/38)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 1.1 TITLE TITLE DELETE CR2E034 DUNLAP, ROBERT ALAN 1.2 NAME NAME RT. 2, BOX 502 STREET ADDRESS 1.3 STREET ADDRESS ALACHUA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE Change Addition DELETE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE DELETE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5 1 TITLE DELETE TITLE ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 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

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in Block 12 or Block 13 if changed, or on an atte