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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95529

1. Corporation Name

DUNWOODY ASSOCIATES, INC.

Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address SelCHARD P. O BOX 749 TALLAHASSEE F. 1,2202 TALLAHASSEE F. 1,2203 TA	DUNWO	ODT ASSOCIATES, INC.										
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TALLAMASSEE FL 32022	TALLAHASSEE FL 32302 Z. Principal Place of Business Za. Mailing Address Zb. Mailing Addres		DECHARD		MARU					•			
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28	9. Name and Address of Current Registered Agent BECHARD, BRUCE A. 240 MAGNOLIA DR. TALLAHASSEE FL 32301 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 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 re agent. I am familiar with, and accept the obligations of, Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Sections 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Sections 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as re agent. I am familiar with, and accept the obligation of the corporation's board of directors. I hereby accept the appointment as re a	23		28						Ц	Add	ed to	Fees
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240 MAGNOLIA DR. TALLAHASSEE FL 32301 82 Street Addross (P.O. Box Number is Not Acceptable) 83 Street Addross (P.O. Box Number is Not Acceptable) 84 City	240 MAGNOLIA DR. TALLAHASSEE FL 32301 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 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 re agent. I am familiar with, and accept the obligations of, Schoting 87.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 re agent and familiar with, and accept the obligations of, Schoting 87.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or provided when remarkating in the appointment as re agent and title of applicable. SIGNATURE P	BEC	HADD BRICE A			81	Name						
TALLAHASSEE FL 32301 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Floridal 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 approximent as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as 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 approximent as registered agent and the floridal Statutes. SIGNATURE SIGNAT	TALLAHASSEE FL 32301 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 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 re agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. P				ŀ	82	Street Addres	ss (P.	O. Box Number is Not Acceptab	le)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes 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 Signature, byeed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when remainting) DATE	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation's board of directors. I hereby accept the appointment as reading of the corporation appoin				[、				<u>.</u>	
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Signature, typed or printed name of registered agent and title of applicables. NOTE: Repitered Agent signature required when remaintaing) DATE	Signature, typed or printed name of registered agent and title of applicable. (MOTE: Reputative Agent signature required when remistating) DATE 12. OFFICERS AND DIRECTOR ITILE P DELETE DELE	_	,		,				•				
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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.

SIGNATURE: HAROID IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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FILED

Feb 17, 1999 8:00am

Secretary of State

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