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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N19148

1. Corporation Name

DUNBAR INDUSTRIAL ACTION DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

3901 DR. MARTIN LUTHER KING JR. BLVD.
#119
FORT MYERS FL 33916
US

3901 DR. MARTIN LUTHER KING JR. BLVD.
#119
FORT MYERS FL 33916
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/10/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2807416

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEREIRA, MOE
3901 DR. MARTIN LUTHER KING JR. BLVD
SUITE 119
FT. MYERS FL 33916

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE PD
NAME CAMPBELL, RAYMOND
STREET ADDRESS 3155 APACHE ST
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE Board Member
1.2 NAME Jackson, Winnie
1.3 STREET ADDRESS 2604 ST. CHARLES ST.
1.4 CITY-ST-ZIP FT. MYERS FL 33916

TITLE VPD
NAME KNIGHT, EDDIE
STREET ADDRESS 3529 MLK BLVD
CITY-ST-ZIP FORT MYERS FL

2.1 TITLE Vice President
2.2 NAME Squires, Timothy
2.3 STREET ADDRESS 10501 F.G.C.U. Blvd S.
2.4 CITY-ST-ZIP Ft. Myers, FL 33965

TITLE SD
NAME BEAZELL, THORNTON
STREET ADDRESS 1342 COLONIAL BLVD.
CITY-ST-ZIP FT. MYERS FL

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

TITLE T
NAME MORGAN, MELVIN
STREET ADDRESS 2196 PAULBO ST.
CITY-ST-ZIP FT. MYERS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE BM
NAME TERESA, BROWN
STREET ADDRESS P.O. BOX MC -1652 N/A
CITY-ST-ZIP FT. MYERS FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE BM
NAME KITTLES, JOYCE
STREET ADDRESS 2675 MANGO ST.
CITY-ST-ZIP FT. MYERS FL

6.1 TITLE
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 617, 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:

Thornton M. Beazell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 336-2137
Date Daytime Phone #

CR2E037 (11/98)