FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:38

DOCUMENT # P02291 (3)

1. Corporation Name
DUNN CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
309 E. OSCEOLA ST., SUITE 208 24 STUART FL 34994	309 E. OSCEOLA ST., SUITE 208 24 STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/06/1984	02/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-2408380** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$0.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUNN, WILLIAM A. 309 E. OSCEOLA ST., SUITE 208 STUART FL 34994	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 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, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent (and title if applicable)) (NOTE: Registered Agent's signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	DUNN, WILLIAM A.	12 NAME	
STREET ADDRESS	309 E.OSCEOLA ST.	13 STREET ADDRESS	
CITY-ST ZIP	STUART FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	TULLIER, PIERRE M.	22 NAME	
STREET ADDRESS	309 E.OSCEOLA ST.	23 STREET ADDRESS	
CITY-ST ZIP	STUART FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	DUNN, DARETH W	32 NAME	
STREET ADDRESS	309 E.OSCEOLA ST.	33 STREET ADDRESS	
CITY-ST ZIP	STUART FL	34 CITY ST ZIP	
TITLE	VAS	41 TITLE	☐ Change ☐ Addition
NAME	ADAMS, KIRK J.	42 NAME	
STREET ADDRESS	309 E. OSCEOLA ST.	43 STREET ADDRESS	
CITY ST ZIP	STUART FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kirk J. Adams 1/12/95 407-286-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
Kirk J. Adams Vice Pres of Finance

0380272 CP