

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996-9-96 B-931 C

DOCUMENT # P14516 (9)

1. Corporation Name

DUNHILL OF BRADENTON INC.



Principal Place of Business

Mailing Address

4301 32ND ST., W. STE. C-19
BRADENTON FL 34205-2748

4301 32ND ST., W. STE. C-19
BRADENTON FL 34205-2748

2. Principal Place of Business

21 517 LOQUAT STREET

Suite, Apt. #, etc.

22 ANNA MARIA

City & State

23 FL

Zip

24 34216

Country

25 MANATEE

2a. Mailing Address

26 P.O. Box 794

Suite, Apt. #, etc.

27 ANNA MARIA

City & State

28 FL

Zip

29 34216

Country

30 MANATEE

3. Date Incorporated or Qualified

05/19/1987

3a. Date of Last Report

01/19/1995

4. FEI Number

36-3130975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

JOAN ABRAHAMSON VOYLES

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

517 LOQUAT ST, P.O. BOX 794

83

84 City

ANNA MARIA

FL

85 Zip Code

34216

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

Joan E. Abrahamson Voyles

2/5/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME COYLES, CARL

STREET ADDRESS 517 LOQUAT

CITY-STATE-ZIP ANA MARIA FL

TITLE ☐ DELETE

NAME PPD

STREET ADDRESS 517 LOQUAT

CITY-STATE-ZIP ANNA MARIA FL

TITLE ☐ DELETE

NAME S

STREET ADDRESS 3361 MEANDER AVE

CITY-STATE-ZIP SAFETY HARBOR FL

TITLE ☐ DELETE

NAME T

STREET ADDRESS 517 LOQUAT

CITY-STATE-ZIP ANNA MARIA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

Joan E. Abrahamson Voyles

2/5/96

Date

941-778-1677
941-778-1788

Daytime Phone #

CR2E034 (12/95)