

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P14516 (9)

1. Corporation Name
DUNHILL OF BRADENTON INC.

Principal Place of Business

517 LOQUAT STREET
ANNA MARIA FL 34216
US

Mailing Address

POST OFFICE BOX 794
ANNA MARIA FL 34216-0794
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/19/1987

3a. Date of Last Report

02/09/1996

4. FEI Number

36-3130975

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VOYLES-ABRAHAMSON, JOAN E
517 LOQUAT STREET
POST OFFICE BOX 794
ANNA MARIA FL 34216

No hyphen
in name

10. Name and Address of New Registered Agent

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

Joan E. Abrahamson

3/26/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
VP	COYLES, CARL	517 LOQUAT	ANA MARIA FL	<input type="checkbox"/>
PPD	VOYLES-ABRAHAMSON, JOAN	517 LOQUAT	ANNA MARIA FL	<input type="checkbox"/>
S	ABRAHAMSON, ERIK	3361 MEANDER AVE	SAFETY HARBOR FL	<input type="checkbox"/>
T	ABRAHAMSON-VOYLES, JOAN	517 LOQUAT	ANNA MARIA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	3.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	4.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	5.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY - ST - ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	6.4 CITY - ST - ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan E. Abrahamson

3/26/97

DATE

Daytime Phone #

941-778-1788

CR2E034 (9/96)