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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300063709

1. Corporation Name

DUNUIS	S ETC., INC.										
Principal Place	e of Business	Mailing	Address				I IBBIIKAI IIU				
5804 N MAIN S	ST.	5804 N	MAIN ST.			Į					
JACKSONVILLE FL 32208 JACKSONVILLE FL 32208			3			DO NOT WRITE IN THIS SPACE					
			j			-	3. Date Incorporate			01.102	<u></u>
			/				09/07/1993				
2. Principal P	lace of Business	2a. Mail	ling Address \				4. FEI Number	-		77	Applied For
21		26		<u> </u>			59-3199327				Not Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				5. Certificate of Sta	tus Desired			Additional
22 ^	<u> </u>	- 27		.} .			<u> </u>				Required
City & Stat	e e	— ·	& State	1			Election Campa Trust Fund Cont				0 May Be d to Fees
23 Zip	Country	28 Zip		Country	,		8. This corporation		ront year Int		<u>u 10 1 663</u>
24	25	29	,	30	,	ļ	Personal Proper		en year na	X Yes	□No
24]	9. Name and Address of Curre		I Agent	1001			10. Name and Add		Registered		
	*	. 7		. 81	Name				T		
	DHAM, CHARLES O	`.		82	Street	Addross	s (P.O. Box Number	is Not Accept	ahle)	·	
	grayling Dr.		•	02	Sueer	Addies	s (F.O. DOX Number	is Not Accept	auley		
JACI	KSONVILLE FL 32256			83		-		****		-	
				84	City					85 Zi	p Code
				04	City				FL	. 65 21	p code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	e of Florida S⊩	ich change was	authorized by	the corp	corpora oration's	ation submits this sta s board of directors.	tement for the I hereby accer	purpose of pt the appoi	changing ntment as	its registered registered
agent. I a	im familiar with, and accept the obliga	ations of, Sect	tion 607.0505, F	lorida Statutes	S.						
agent. I a SIGNATURE			tion 607.0505, F	lorida Statutes	s.				DATE		
	Signature, typed or printed name of registered age		able. (NO	TE: Registered Age	s.			NGES TO OF		ID DIRECT	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	able. (NO	Iorida Statutes	s.		heπ reinstating)	NGES TO OF		ID DIRECT	TORS IN 12
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Ing tipes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impose empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with indicated on this annual report or supplemental a officer or director of the corporation of the receive Block 12 or Block 13 if changed of on an extractor

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP