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

P94000012135 (7)

DOCUMENT # P9400 1. Corporation Name

DUNN TOYS & HOBBIES, INC.



Principal Place	of Business	Mailing Address			
166 SOUTH BEACH ST. 166 SOUTH BEACH S DAYTONA BEACH FL 32114 DAYTONA BEACH FL					
				3. Date incorporated or Qualified 02/12/1994	3a. Date of Last Report 05/01/1995
Principal Place of Business 1		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-3223799	Not Applicable
22 City & State		Suite. Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032.
24	9. Name and Address of Curre	29	[30]		□ No
	5. Name and Address of Corre	in registered Agent	81 Nan	10. Name and Address of New R	legistered Agent
DI INN	EDCAD M ID				
DUNN, EDGAR M JR. 347 SOUTH RIDGEWOOD AVE. DAYTONA BEACH FL 32114			82 Stre	et Address (P.O. Box Number is Not Acceptab	le)
			83		
			84 City		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FL 85 Zip Code
familiar with	n, and accept the obligations of Sec Standard Good or protest name of registers again	For 607.0505, Florida Statute	200 by the corporation S. . Mr. Registeral Apert signatu		Dintment as registered agent. I am
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	P Dunn, Wesley R	☐ DELE IE	1 1 TITLE		Change
STREET ADDRESS	624 COLE DRIVE		1.2 NAME		,
CITY-SI-ZIP	PORT ORANGE FL		1.3 STREET ADORES		
TITLE	VP	☐ DELETE	1.4 City St-ZiP 2.1 TITLE		Change Addition
NAME	DUNN, EDGAR M JR	\$	2 2 NAME		C change C Addition
STREET ADDRESS	34 IROQUOIS TRAIL		2.3 STHEET ADDRES	s	
CHTY - ST - ZIP	ORMOND BEACH FL		2.4 CHY ST-ZIP		
TITLE	S	☐ DELETE	3 1 TITLE		Change Addition
NAME	DUNN, LYNN R		3 2 NAME		
STREET ADDRESS	34 IROQUIS TRAI		3.3 SAREET ADDRES	s	
CITY-ST-ZIP TITLE	ORMOND BEACH FL	- Desert	3.4 CitY+SI-ZiP		
NAME	DIRINI DOCANINE **	☐ DEFEIF	4 1 Till _s f		☐ Change ☐ Addition
STREET ADDRESS	DUNN, ROSANNE K 624 COLE DRIVE		4 2 NAME		
CITY-ST-ZIP	PORT ORANGE FL		4.3 STREET ADDRESS	6	
TITLE	TOTI UNANUE PL	DELETE	4.4 C/TY-ST-Z/P 5.1 TITLE		Chaga Class
NAME		Land Carrer	5.2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELFTE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			C 4 OUT / CT 7/0		

14. Ido 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 or mitiganized report or supplemental annual report is true and accurate and that my signal are 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 chaped, or or an attachment with an address.

SIGNATURE !

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

(904) 253-3644

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