

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000055888

Corporation Name  
DUNN TITLE COMPANY

Principal Place of Business  
TAMAMI TRAIL NO.  
1  
NAPLES FL 34103

Mailing Address  
4700 TAMAMI TRAIL NO.  
UNIT 1  
NAPLES FL 34103  
US

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip

Country

25

Zip

Country

29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1994

4. FEI Number

52-1312944

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LA STELLA, ARLENE E.  
4700 TAMAMI TRAIL NO.  
UNIT 1  
NAPLES FL 34103

81 Name

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

83

84 City

FL

85 Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME  
DUNN, CHRISTINA H  
880 KINGS RETREAT DR.  
DAVIDSONVILLE MD 21035

☒ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2. NAME  
LA STELLA, ARLENE E.  
4700 N. TAMAMI TERR. #1  
NAPLES FL 34103

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3. NAME  
DONATO, ALFRED P  
4700 TAMAMI N. #1  
NAPLES FL 34103

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4. NAME  
DUNN, CHRISTINA H  
880 KINGS RETREAT DR.  
DAVIDSONVILLE MD 21035

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5. NAME  
DUNN, CHRISTINA H  
880 KINGS RETREAT DR.  
DAVIDSONVILLE MD 21035

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6. NAME  
DUNN, CHRISTINA H  
880 KINGS RETREAT DR.  
DAVIDSONVILLE MD 21035

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 941-436-3866

CR2E034 (11/98)