SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000006656 (9)**

1. Corporation Name

DARLENE E. DUNN, P.A.

Principal Place of Business
1111 N.E. 25TH AVE STE 304
~~420 SOUTH EAST EIGHTH STREET~~
OCALA FL 34470

Mailing Address
POST OFFICE BOX 1952
~~420 SOUTH EAST EIGHTH STREET~~
OCALA FL 34478

3. Date Incorporated or Qualified: 01/23/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1111 N.E. 25TH AVE.
Suite, Apt #, etc.
22 STE 304
City & State
23 OCALA FL
Zip 24 34470 Country 25 MARION

2a. Mailing Address
26 POST OFFICE BOX 1952
Suite, Apt #, etc.
27
City & State
28 OCALA, FL
Zip 29 34478 Country 30 MARION

4. FEI Number: 59-3265526 — 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
DUNN, DARLENE E
~~420 S.E. 8TH STREET~~ POST OFFICE BOX 1952
OCALA FL 34478

10. Name and Address of New Registered Agent
81 Name: DARLENE E DUNN
82 Street Address (P.O. Box Number is Not Acceptable): 1111 N.E. 25TH AVE. STE 304
83
84 City: OCALA FL 85 Zip Code: 34470

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 _____ (NOTE: Registered Agent signature required if above item filling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☑ Change ☐ Addition
NAME	DUNN, DARLENE E	1.2 NAME	DUNN, DARLENE E.
STREET ADDRESS	~~420 S.E. 8TH STREET~~ POST OFFICE BOX 1952	1.3 STREET ADDRESS	1111 N.E 25TH AVE. STE 304
CITY-ST-ZIP	OCALA FL 34478	1.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Darlene E. Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)