## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sccretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000018889 (2)

Corporation reach	O	
DUNSON	<b>ROAD</b>	CORP.

Mailing Address Principal Place of Business P.O. BOX 508

	BLDG. 6 ORLANDO FL 3280		WINTER PA	ARK FL 32790			3. Date Incorporated or 03/08/1995	Qualified	3a. Dal	te of Last Report
2. 21	Principal Place of 3	3usiness	2a. Mailing Add	dress			4. FEI Number 59-3303	145		Applied For Not Applicable
	Suite, Apt. #, etc.		Suite, Apt	#, etc			5. Certificate of Status D	esred		\$8.75 Additional Fee Required
22	Orty & State		City & Stat	е			<ol><li>Election Campaign Fin Trust Fund Contribute</li></ol>	on		\$5.00 May Be Added to Fees
23	Zip	Country 25	Zη.,	Gount	'ỳ		8. This corporation has Florida Statutes	☐ Yes	<b>X</b> No	
24	L	Vame and Address of Cu					10. Name and Address	of New F	tegistere	d Agent
	9. 1	Vame and Address of Co	in the grand of the	8	1 N	Vame				
	SEYBOLD, L 545 DELANE			8	2 8	Street Address	s (P.O. Box Number is No	t Acceptal	ile)	
	BLDG. 6	II AYE.		8	3					
	ORLANDO F			-		City		<del></del>	F	85 Zip Code  changing its registered office as registered agent. I am.

2.	OFLICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE T	D DELETE	1 THE	☐ Change ☐ Aborton
AME	SEYBOLD, LOUIS R	1.2 NAME	
TREET ADDRESS	545 DELANEY AVE., BLDG. 6	LO STREE! ADDRESS	
TY-ST-ZIP	ORLANDO FL 32801	1.4 CITY - ST - ZIP	D O D Addition
TLE	DELETE	2 1 TITLE	Cnange Addition
AMF		2.2 NAME	
THEET ADDRESS		2.3 STREET ADDRESS	
ITY-ST-ZIP		2.4 CITY ST-ZIP	Change Addition
ITLE	DELETE	3 1 TITLE	Change Addition
AME		3.2 NAME	
TREET ADORESS		3.3 STREET ADDRESS	
HTY-ST-ZP		3.4 CHY-ST ZIF	Change Addition
ITLE	DELFIE	4 1 TillE	Change Addition
AME		4.2 NAME.	
STREET ADDRESS		4.3 STREET ADORESS	
CITY-ST ZIP		4.4.CHY-ST-ZIF	Change Addition
1TLE	[] DELETE	5 1 1046	Change Addition
VAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		54CTY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ DELETE	6 1 TiTuE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY - S1 - ZIP	Och As I forther

City-St-ZiP

14. If do hereby certify that the information supposed 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 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 certify that the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name 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 Birick 12 or Block 13 if chapters on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ough he Phone #