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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022936 (5)

**DUNN & DUNN INC.** 

## **FILED** Mar 19 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address						- L MORINDOL LID FOLDE DYKE DONN DON'T OFFIN DON'D LIGHT NEWS METER MATERIAL LINE DIN 1904		
18512 EASTSHORE DRIVE SE 18512 EASTSHORE DRIVE FORT MYERS FL 33912 FORT MYERS FL 33912				/E SE			DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
2. Principal Place of Business 2e. Mailing Address					<del></del>		<b>03/20/1995 4.</b> FEI Number Applied For	
21		26					65-0580010 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.					<b>60 75</b> 4 4 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
22		27	27				5. Certificate of Status Desired Fee Required	
City & State	0		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	28				Trust Fund Contribution	
Z <sub>ip</sub>	Country 7ip		_	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29		30			Personal Property Tax due June 30. Yes No	
<u> </u>	9. Name and Address of Curren	K Hegiste	ered Agent		81	Name	10. Name and Address of New Registered Agent	
	NN, BENJAMIN J				Ľ	1401116		
	512 EASTSHORE DRIVE SE				82	Street Add	ress (P.O. Box Number is Not Acceptable)	
10	RT MYERS FL 33912				83	<b> </b>		
					84	City	FI 85 Zip Code	
11 Pursuant	to the provisions of Sections 607 050	2 and 60	7 1508 Florida Statut	tes the s	hove	a-nemed cor	The state of the s	
office or r agent. I a	ogistored agent, or both, in the State in familiar with, and accept the obliga	of Florida itions of,	Such change was Section 607.0505, Ft	authorize orida Sta	ed by	the corpora s.	poration submits this statement for the purpose of changing its registered accept the appointment as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered age  (CCL) ICL GC ANII				ed Age	ent signature requi	ired when reinstaling) DATE	
TITLE	D OFFICERS AND	OFFICERS AND DIRECTORS  DELETE			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME	DUNN, BENJAMIN J			1.2 NAM			LI Orange LI Routton	
STREET ADDRESS	18512 EASTSHORE DRIVE SE				ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912		1					
TITLE	D		DELETE	1,4 CITY- 2.1 TITLE		11-211	Change Addition	
NAME	DUNN, LAURIE C		2.2 N					
STREET ADDRESS	18512 EASTSHORE DRIVE SE			2.3 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL 33912			2. 4 CITY-ST-ZIP				
TITLE				3.1 TITLE		Change Addition		
NAME				3.2 N	IAME		·	
STREET ADDRESS				3.3 \$	TREET	ADORESS		
CITY-S1-ZIP				34 (	ONY-S	ST-ZIP		
TITLE			DELETE	4.17	4.1 TITLE		Change Addition	
NAME				4.21	NAME			
STREET ADDRESS				4.3 \$	TREET	ADDRESS		
CITY+ST-ZIP				440	ITY-S	T- ZIP		
TITLE	☐ DELETE		517	5 1 TITLE		Change Addition		
NAME				52 N	AME			
STREET ADDRESS				538	TREET	ADDRESS		
CITY-ST-ZIP				54 C	ITY-S	T - ZIP		
TITLE	DELETE		6 1 T	61 TITLE		☐ Change ☐ Addition		
NAME				6.2 N	AME			
STREET ADDRESS				635	TREET	ADDRESS	j	
CITY-ST-ZIP		ura versa		640	ITY-S	T-ZIP		

on 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 is 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 only or the processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address.

× 941-433-4331