FILED

' 2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P95000039995 DUNN REALTY AT PANAMA CITY BEACH, INC. 04-09-2001 90074 034 ***150.00 Principal Place of Business Mailing Address 17320 PANAMA CITY BCH. PKWY. P.O. BOX 14056 UNIT 104 PANAMA PLAZA PANAMA CITY BEACH FL 32413 00033167 PANAMA CITY BEACH FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3326169 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNN, EMILY H Street Address (P.O. Box Number is Not Acceptable) 17320 PANAMA CITY BCH. PKWY. UNIT 104 PANAMA PLAZA PANAMA CITY BEACH FL 32413 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete ☐ Change ☐ Addition TITLE DUNN, GARLAND R NAME NAME STREET ADDRESS STREET ADDRESS 17320 PANAMA CITY BCH. PKWY. UNIT 104 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 TITLE ☐ Change ☐ Defete TITLE. DUNN, EMILY H NAME NAME 17320 PANAMA CITY BCH. PKWY. UNIT 104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 TITLE - - - -مرويد مAbD Delete TITLE Change ☐ Addition DUNN, GARY D NAME 17320 PANAMA CITY BEACH PKWY #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32413 TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 report or supplemental 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 11 or Block 12 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

april 6 200/ 850-335-0146

CR2E034 (10/00)