2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am & Secretary of State DOCUMENT # P95000039995 1. Entity Name 05-13-2002 90140 030 ***150 00 DUNN REALTY AT PANAMA CITY BEACH, INC. Principal Place of Business Mailing Address 17320 PANAMA CITY BCH. PKWY. P.O. BOX 14056 UNIT 104 PANAMA PLAZA PANAMA CITY BEACH FL 32413 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 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 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME DUNN, GARLAND R NAME STREET ADDRESS 17320 PANAMA CITY BCH, PKWY, UNIT 104 STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32413 CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME DUNN, EMILY H NAME STREET ADDRESS 17320 PANAMA CITY BCH. PKWY. UNIT 104 STREET ADDRESS CITY-ST-7IP PANAMA CITY BEACH FL 32413 CITY-ST-7IP TITLE VPD Delete TITLE Change - Addition NAME DUNN, GARY D NAME STREET ADDRESS 17320 PANAMA CITY BEACH PKWY #104 STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32413 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

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.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

850, 235.0146