

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra R. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040663 (3)

1. Corporation Name

DUNLAP & RUSSELL, P.A.



Principal Place of Business

**1300 RIVERPLACE BLVD., SUITE 601
JACKSONVILLE FL 32207**

Mailing Address

**1300 RIVERPLACE BLVD., SUITE 601
JACKSONVILLE FL 32207**

2. Principal Place of Business

2a. Mailing Address

21

Subs. Apt. # etc.

26

Subs. Apt. # etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**RUSSELL, P. SCOTT IV
1300 RIVERPLACE BLVD., SUITE 601
JACKSONVILLE FL 32207**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/23/1995

3a. Date of Last Report

4. FEIN Number

59-3321008

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0012 and 607.0014, 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. Said 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 607.0015, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETED
NAME	RUSSELL, P. SCOTT IV	
STREET ADDRESS	1300 RIVERPLACE BLVD., SUITE 601	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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STREET ADDRESS		
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TITLE		☐ DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

13 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 NAME	
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24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**Dunlap, David M.
1300 Riverplace Blvd, Suite 601
Jacksonville, FL. 32207**

**Dunlap, Holly G.
1300 Riverplace Blvd, Suite 601
Jacksonville, FL. 32207**

14. I do hereby certify that the information supplied in this form is voluntarily furnished and correct to the best of my knowledge for the information stated in Section 119.04(1)(a), Florida Statutes. I further certify that the information indicated on this form is correct 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 and therefore am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form.

SIGNATURE:

PSO/gcn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 901-346-4480

CR2E034 (12/95)