


FILED
Apr 11 1997 8:00am
Secretary of State

FILE NOW! FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000080334 (2)					
1. Corporation Name WELL DUNN, INC.					
Principal Place of Business 4141 SOUTH FLORIDA AVENUE LAKELAND FL 33813			Mailing Address 4141 SOUTH FLORIDA AVE LAKELAND FL 33813-1626 US		
2. Principal Place of Business 21 4141 S. FLORIDA AVE.			2a. Mailing Address 26 SAME		
22 Suite, Apt. #, etc. FLORIDIAN RESTAURANT			27 Suite, Apt. #, etc.		
23 City & State LAKELAND, FL.			28 City & State		
24 Zip 33813			29 Country USA		
25			30		
9. Name and Address of Current Registered Agent HARDIN, BENJAMIN W JR 3001 US HWY 98 SOUTH LAKELAND FL			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such 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 607.0505, Florida Statutes. SIGNATURE: <i>David A. Dunn</i> DAVID A. DUNN 4/4/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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 annual report 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>David A. Dunn</i> 4/4/97 (941) 619-8503					

CR2E034 (9/96)