FIL	E NOW: FILING F	EE AFTER MAY 1	IS \$225.00			
	PROFIT (S	THE Sico	ARTMENT OF STATE			
r .	RPORATION JAL REPORT		B. Mortham			
	1243		tary of State			
	1996 5-1-93	U	CORPORATIONS	****		
DOCUI 1. Corporation	MENT # P95	5000081542 (9)			
	OL E. DUNNE, INC.	`	,			
OAIIC	A. E. DUNNE, ING.			1 14 1 (1 T A A A A A A A A A A A A A A A A A A	ii) esti datai isida mada	Billia Bilbill (chi yhni
Principal Place	of During					
Principal Place		Mailing Address		e samtiants ten think atitt mitti fill	:::	ELIEL MINIM LIEL INSI
515 N. MAIN ST., STE. 300-B 515 N. MAIN ST., STE. GAINESVILLE FL 32601 GAINESVILLE FL 32601						
				3. Date Incorporated or Qualified	3a. Date of Last F	Report
2 Principal Di	ace of Business			10/20/1995		
21	ace or business	2a. Mailing Address		4. FEI Number 59-335047	2	Applied For
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			\$8.71	Not Applicable 5 Additional
City & State		City & Chal		5. Certificate of Status Desired		Required
23		City & State		Election Campaign Financing Trust Fund Contribution		May Be of to Fees
Ζφ 24	Country	Zιρ	Country	8. This corporation has liability for in		
24	25 9. Name and Address of C	29 urrent Registered Agent	30	Florida Statutes Ves 10. Name and Address of New Re		
			81 Name	To, Traine and Address of New He	gistered Agent	
DUNNE, CAROL E			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
	MAIN ST., STE. 300-B SVILLE FL 32601		83	, , , , , , , , , , , , , , , , , , ,		
	WHELE I E OFFI					
44 5			84 City			p Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607, ad agent, or both, in the State of	0502 and 607.1508, Florida Statutr Florida, Such change was authoriza	es, the above named corpored by the corporation's boar	ation submits this statement for the purp rd of directors. Thereby accept the appoi	ose of changing its r	egistered office
SIGNATURE	n, and accept the obligations of,	Section 607.0505, Florida Statutes		,,	Temorit de rogiolorde	agon. ram
12.	Signature, typed or printed name of registered	- Marie	IE: Rug stered Agent signal ire require:		DATE	J ₁₆
TITLE	PD	S AND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTO	RS IN 12 SECON 12 NO SECON 12
NAME	DUNNE, CAROL E		1.2 NAME		CT , anguið.	Noation 4
STREET ADDRESS	515 N. MAIN ST., STE.	300-B	1.3 STREET ADDRESS			E33
CITY-ST-ZIP TITLE	GAINESVILLE FL 32601	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE			
NAME		L.J beech	2 2 NAME		Change	Addition O
STREET ADDRESS			23 STREET ADDRESS			
CITY-ST-ZIP TITLE		FT DELLE	24 CITY-ST-ZIP			
NAME		DELETE	3. 1 TITLE 3.2 NAME		☐ Change	Addition
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - ST - ZIP			ł
NAME	·	☐ DELFTE	4 1 TITLE		Change	Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		☐ Change	Add-tion
NAME STREET ADDRESS			5 2 NAME			
DITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CPTY - ST - ZIP			
TITLE		DELETE	6 1 TITLE		Charge	Addition
NAME			6.2 NAME		E., 3144 93	
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS			
14. I do hereby	certify that the information suppli	ied with this filing is voluntarily furnis	■ 6.4 CITY-ST-ZIP thed and does not qualify fo	r the exemption stated in Section 119.07	(3)(k) Florida Ptot 4-	or I further
certify that to oath; that I a	ne information indicated on this a am an officer or director of the co	annual report or supplemental annu orporation or the receiver or trustee	al report is true and accurate	r the exemption stated in Section 119.07 e and that my signature shall have the sa	ייים, רוטווטא Statute ime legal effect as if	made under

oath; that I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 352-373-7728