

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

FILED

Apr 28 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000061513 (3)

1. Corporation Name
DALLAS GAINES, INC.



Principal Place of Business

**2425 NW 162ND STREET
NEWBERRY FL 32669**

Mailing Address

**3733 NW 62ND PLACE
GAINESVILLE FL 32653-0843**

2. Principal Place of Business

21 3733 N.W. 62nd Place

Subc. Apt. #, etc.

22

City & State

23 Gainesville, Florida

Zip

24 32653

Country

25 Alachua

2a. Mailing Address

26 3733 N.W. 62nd Place

Suite, Apt. #, etc.

27

City & State

28 Gainesville, Florida

Zip

29 32653

Country

30 Alachua

9. Name and Address of Current Registered Agent

**MULDOWNEY, LORNA K
2425 NW 162ND STREET
NEWBERRY FL 32669**

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

4. FEI Number

59-3393779

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

81 Name

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

83

84 City

FL

85

Zip Code

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 **Lorna K. Muldowney**

Signature typed or printed name of registered agent and, if not applicable

(NOTE: Registered Agent signature required when reinstating)

4/21/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **Lorna K. Muldowney**
STREET ADDRESS **2425 N.W. 162nd Street**
CITY - ST - ZIP **Newberry, Florida 32669**

TITLE **Vice President, Engineering** ☐ DELETE

NAME **Gerald A. Muldowney**
STREET ADDRESS **2425 N.W. 162nd Place**
CITY - ST - ZIP **Newberry, Florida 32669**

TITLE **Vice President, Surveying** ☐ DELETE

NAME **David G. Short**
STREET ADDRESS **3733 N.W. 62nd Place**
CITY - ST - ZIP **Gainesville, Florida 32653**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 **Lorna K. Muldowney**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

(352) 378-2185

Daytime Phone #

CR2E034 (9/96)