

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

FILED

Mar 07 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 # P96000085398 (1)

1. Corporation Name

DUNNE & ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business

1652 SANDY SPRINGS DRIVE
ORANGE PARK FL 32073

Mailing Address

1652 SANDY SPRINGS DRIVE
ORANGE PARK FL 32073-7418

2. Principal Place of Business

21 302 E. SINCLAIR RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 302 E. SINCLAIR RD
Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE, FL

24 Zip 32312

25 Country

25 LEON

27 City & State

28 TALLAHASSEE, FL

29 Zip 32312

30 Country

30 LEON

3. Date Incorporated or Qualified

10/14/1986

3a. Date of Last Report

N/A

4. FEI Number

59-3405632

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

9. Name and Address of Current Registered Agent

DUNNE, WILLIAM L
1652 SANDY SPRINGS DRIVE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name DUNNE, WILLIAM L.

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

302 E. SINCLAIR RD

83

84 City TALLAHASSEE

FL

85 Zip Code

32312

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

William L. Dunne

PRESIDENT

WILLIAM L. DUNNE

3-3-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE
NAME WILLIAM L. DUNNE
STREET ADDRESS 302 E. SINCLAIR RD
CITY-STATE-ZIP TALLAHASSEE, FL 32312

TITLE VP & TREAS ☐ DELETE
NAME DELORES A. DUNNE
STREET ADDRESS 302 E. SINCLAIR RD.
CITY-STATE-ZIP TALLAHASSEE, FL 32312

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

DeLores A. Dunne

DELORES A. DUNNE

3/3/97

904 386-6850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Daytime Phone #

CR2E034 (9/96)