

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000085398

1. Corporation Name

DUNNE & ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

302 E SINCLAIR RD  
TALLAHASSEE FL 32312  
US

Mailing Address

302 E SINCLAIR RD  
TALLAHASSEE FL 32312  
US

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90176 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

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 owes the current year intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 140 SINCLAIR RD

Suite, Apt. #, etc.

2a. Mailing Address

26 140 SINCLAIR RD

Suite, Apt. #, etc.

City & State

23 TALLAHASSEE, FL

Zip

Country

24 32312 25 US

City & State

28 TALLAHASSEE, FL

Zip

Country

29 32312 30 US

9. Name and Address of Current Registered Agent

DUNNE, WILLIAM L  
302 E SINCLAIR RD  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name DUNNE, WILLIAM L

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

83 140 SINCLAIR RD

84 City TALLAHASSEE

FL

85 Zip Code

32312

11. Pursuant to the provisions of Sections 607.0507 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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILLIAM L DUNNE  
STREET ADDRESS 302 E SINCLAIR RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VPT ☐ DELETE

NAME DELORES A DUNNE  
STREET ADDRESS 302 E SINCLAIR RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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14. I 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, with all other like empowered.

SIGNATURE:

*William L Dunne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

(850) 894-5509

Daytime Phone #

CR2E034 (1/198)

058/045