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May 02 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 # P96000088842 (5)

1. Corporation Name  
DYNES FAMILY, INC.



Principal Place of Business  
4 LAKE JULIA DRIVE SOUTH  
PONTE VERDE BEACH FL 32082

Mailing Address  
4 LAKE JULIA DRIVE SOUTH  
PONTE VERDE BEACH FL 32082-3518

3. Date Incorporated or Qualified 10/24/1996	3a. Date of Last Report 10-24-96
4. FEI Number 59-3410061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

TOUSEY, CLAY B JR  
1 INDEPENDENT DRIVE  
SUITE 2800  
JACKSONVILLE FL 32202

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYNES, ROBERT A	1.2 NAME	
STREET ADDRESS	4 LAKE JULIA DRIVE SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VERDE BEACH FL 32082	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYNES, GERVASE B	2.2 NAME	
STREET ADDRESS	4 LAKE JULIA DRIVE SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VERDE BEACH FL 32082	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYNES, PETER G	3.2 NAME	
STREET ADDRESS	183 YELLOWSTONE HWY, PAHASKA TEEPE LODGE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CODY WY 80214	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYNES, ROBERT S	4.2 NAME	
STREET ADDRESS	500 W.A. BAKER STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LONGMONT CO 80501	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLAK, GERVASE D	5.2 NAME	
STREET ADDRESS	381 CIMARRON DRIVE EAST	5.3 STREET ADDRESS	
CITY - ST - ZIP	AURORA IL 60504	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Sandra B. Mortham 4/26/97 904-285-3512  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)