

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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90096 022 ***150.00

DOCUMENT # P96000088842

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1996

4. FEI Number

59-3410061

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOUSEY, CLAY B JR
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME	DYNES, ROBERT A	
STREET ADDRESS	4 LAKE JULIA DRIVE SOUTH	
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYNES, GERVAISE B	
STREET ADDRESS	4 LAKE JULIA DRIVE SOUTH	
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYNES, PETER G	
STREET ADDRESS	183 YELLOWSTONE HWY, PAHASKA TEEPE LODGE	
CITY-ST-ZIP	CODY WY 80214	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYNES, ROBERT S	
STREET ADDRESS	500 W.A. BAKER STREET	
CITY-ST-ZIP	LONGMONT CO 80501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLAK, GERVAISE D	
STREET ADDRESS	381 CIMARRON DRIVE EAST	
CITY-ST-ZIP	AURORA IL 60504	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3396 SOUTH FORK ROAD
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7356 W. 84TH WAY
4.4 CITY-ST-ZIP	ARVADA, CO 80003
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	18735 N. DALLAS PARKWAY
5.4 CITY-ST-ZIP	DALLAS, TX 75287
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)