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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000040553

1. Corporation Name
DYNAN GROUP, INC.



Principal Place of Business

200 NE 1ST STREET
GAINESVILLE FL 32601
US

Mailing Address

P.O. BOX 2743
GAINESVILLE FL 32602
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

59-3444235

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

21 224 S.W. Second Ave.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 Gainesville, FL

Zip Country

24 32601 25 Alachua

City & State

28 Gainesville, FL

Zip Country

29 32601 30 FL

9. Name and Address of Current Registered Agent

MULDOWNEY, LORNA K
2425 N.W. 162ND STREET
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name

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

4430 N.W. 16th Place

83

84 City

Gainesville

FL

85 Zip Code

32605

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

TITLE PS ☐ DELETE

NAME MULDOWNNEY, GERALD A
STREET ADDRESS 2425 N.W. 162ND STREET
CITY-ST-ZIP NEWBERRY FL 32669

TITLE VPT ☐ DELETE

NAME MULDOWNNEY, LORNA K
STREET ADDRESS 2425 N.W. 162ND STREET
CITY-ST-ZIP NEWBERRY FL 32669

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 PS ☒ Change ☐ Addition

1.2 NAME MULDOWNNEY, Gerald A.
1.3 STREET ADDRESS 4430 N.W. 16th Place
1.4 CITY-ST-ZIP Gainesville, FL 32605

2.1 TITLE VPT ☒ Change ☐ Addition

2.2 NAME Muldownney, Lorna K.
2.3 STREET ADDRESS 4430 N.W. 16th Place
2.4 CITY-ST-ZIP Gainesville, FL 32605

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 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:

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

March 31, 1999 (352) 378-1511
Date Daytime Phone #

CR2E034 (11/98)