PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000033435

1. Corporation Name

JERRY'S DUNN CORPORATION

May 10, 1999 8:00 am Secretary of State

05-10-1999 90075 027 ***158.75



| Principal Place | e of Business | Mailing Address | | | | | | | |
|--|---|--------------------------------------|--|-------------|---------------------------------|---|--------------------------------|-----------------------------------|------------------------|
| 305 N.E. 1ST STREET GAINESVILLE FL 32601 305 N.E. 1ST STREET GAINESVILLE FL 32601 | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualifed 04/10/1998 | | | |
| Principal Place of Business 2a. Mailing Addres | | | | | | 4. FEI Number | | Ар | plied For |
| 21 | | 26 | 26 | | | 59-3505841 | | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | X 1 | \$8.75 Additional Fee Required | | |
| City & State | e | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip | Country | Zip | Countr | у | | 8. This corporation owes the curr | ent year Ir | | -57 |
| 24 | 25 | 29 30 | <u>) </u> | | | Personal Property Tax. | | ☐ Yes | [X No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New F | Registered | 1 Agent | |
| | IOED CARV C | | 8 | l Nan | ne | | | | |
| EDINGER, GARY S 305 N.E. 1ST STREET | | | 83 | 2 Stre | et Addre | ss (P.O. Box Number is Not Accepta | able) | | |
| GAIN | IESVILLE FL 32601 | | 8: | 3 | | | | | |
| | | • | 0. | 4 Cia | | | | . 85 Zip (| Code |
| | | | 84 | 4 City | | | F | | Code |
| office or ri | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Such change was auth | ionzea o | y the co | ed corpo rporation | ration submits this statement for the n's board of directors. I hereby accep | purpose of the appo | of changing its pintment as re | registered gistered |
| SIGNATURE | Signature, typed or printed name of registered ager | of and title if applicable (NOTE: Re | ecistered Ap | ent signati | re required | when reinstating) | DATE | | —— \ |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS F | ND DIRECTO |)R\$ IN 12 |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | SULLIVAN, ASHER G JR | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 17035 S.E. COUNTY ROAD 23 | 4 | 1.3 STREE | ET ADDRE | ss | | | | |
| CITY-ST-ZIP | MICANOPY FL 32667 | | 1,4 CITY- | ST-ZIP | ŀ | | | | |
| TITLE | | ☐ DELETE | 21 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAME | | 1 | | | | |
| STREET ADDRESS | | | 2.3 STRE | ET ADDRE | SS | | | | 1 |
| CTTY-ST-ZIP | | | 2. 4 CITY- | ST-ZIP | - [| | | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | 32 NAME | | Ì | | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRE | ss | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAM | Ē | | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRE | ss | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ OELETE | 5.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STRE | ET ADOR8 | ss | | | | |
| CITY-ST-ZIP | | | 5.4 CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ANDRESS | | | 6.3 STRE | ET ADDRE | ss | | | | |

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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date