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May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S10586 (3)
1. Corporation Name
THOMAS DUNN, INC.

Principal Place of Business
535 N VIRGINIA AVE
WINTER PARK FL 32789-3169
US

Mailing Address
535 N VIRGINIA AVE
WINTER PARK FL 32789-3169
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 606 MARKET ST. STE 110
Suite, Apt. #, etc.
22 STE 110
City & State CELEBRATION,
23 FLORIDA
Zip 34747 Country U.S.A.
24 34747 25 U.S.A.
26 606 MARKET ST.
Suite, Apt. #, etc.
27 STE 110
City & State CELEBRATION, FL.
28 CELEBRATION, FL.
Zip 34747 Country U.S.A.
29 34747 30 U.S.A.

3. Date Incorporated or Qualified
11/02/1990
4. FEI Number
59-3043984
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DUNN, THOMAS
1809 OVERLOOK DR
MT DORA FL 32757

10. Name and Address of New Registered Agent
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
TITLE PT ☐ DELETE
NAME DUNN, THOMAS, R
STREET ADDRESS 1809 OVERLOOK DR
CITY-ST-ZIP MT DORA FL
TITLE VS ☐ DELETE
NAME KNIGHT, RONNIE, JOE
STREET ADDRESS 1051 OLD EUSTIS RD
CITY-ST-ZIP MT DORA 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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.

SIGNATURE

Thomas R. Dunn

THOMAS R. DUNN

4-30-98

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CR2E034 (10/97)