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Feb 05 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 # **S14275** (9)
1. Corporation Name
THE DUNAGAN COMPANY, INC.



Principal Place of Business: **320 WILLIAM STREET APT 4 KEY WEST FL 33040 US**

Mailing Address: **P O BOX 1912 APT 4 KEY WEST FL 33041-1912 US**

3. Date Incorporated or Qualified: **11/19/1990**

3a. Date of Last Report: **06/28/1996**

4. FEI Number: **58-1917683**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21 **517 Whitehead Street**

22 Suite, Apt. #, etc.

23 **Key West, FL**

24 **33040**

25 **U.S.A.**

2a. Mailing Address

26 **P.O. Box 1912**

27 Suite, Apt. #, etc.

28 **Key West, FL**

29 **33040**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

CATALFOMO, ANTHONY
517 WHITEHEAD STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: **Gregory G. Farrelly**

82 Street Address (P.O. Box Number is Not Acceptable): **Catalfomo & Farrelly**

83 **517 Whitehead Street**

84 City: **Key West** FL 85 Zip Code: **33040**

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: *Gregory G. Farrelly* DATE: **01/25/97**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE: **DP** DELETE

NAME: **DUNAGAN, REUBEN V.**

STREET ADDRESS: **320 WILLIAM STREET, APT 4**

CITY-ST-ZIP: **KEY WEST FL**

TITLE: **ST** DELETE

NAME: **DUNAGAN, REUBEN V.**

STREET ADDRESS: **320 WILLIAM ST., APT 4**

CITY-ST-ZIP: **KEY WEST 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:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME:

1.3 STREET ADDRESS: **517 Whitehead Street**

1.4 CITY-ST-ZIP: **Key West, FL 33040**

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS: **517 Whitehead Street**

2.4 CITY-ST-ZIP: **Key West, FL 33040**

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 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: *Reuben V. Dunagan* DATE: **01/28/97** (305) 296-5951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)