

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 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 # S33662 (5)

1. Corporation Name
DUN ROVIN CORPORATION

Principal Place of Business
11210 HUTCHINSON BLVD
PANAMA CITY BEACH FL 32407

Mailing Address
11210 HUTCHINSON BLVD
PANAMA CITY BEACH FL 32407



2. Principal Place of Business

21 11210 HUTCHINSON BLVD

22 City & State
PANAMA CITY FLA

23 Zip
32407

25 Country
BAY

2a. Mailing Address

26 11210 HUTCHINSON BLVD

27 City & State
PANAMA CITY FLA

28 Zip
32407

30 Country
BAY

3. Date Incorporated or Qualified
02/25/1991

3a. Date of Last Report
02/15/1996

4. FEI Number

59-3055246

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HESS, BRIAN D ESQUIRE
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

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 filed applicator

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BURGESS, CHARLES LEE
STREET ADDRESS 136 GRANDE ISLAND BLVD.
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE VD
NAME BURGESS, ANNA C
STREET ADDRESS 308 GREENWOOD CIRCLE
CITY-ST-ZIP PANAMA CITY BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNA C BURGESS 2/15/97 904-234-8364

CR2E034 (9/96)