

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

FILED

Apr 04 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 # **S34883** (6)

1. Corporation Name
S AND N DUNSMOOR, INC.

Principal Place of Business

**815 HUNTINGTON DR
PANAMA CITY FL 32401**

Mailing Address

**815 HUNTINGTON DR
PANAMA CITY FL 32401-5138**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1991	3a. Date of Last Report 03/26/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3052463	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent DUNSMOOR, SHARON 815 HUNTINGTON DR PANAMA CITY FL 32401				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNSMOOR, NELLIE	1.2 NAME	
STREET ADDRESS	815 HUNTINGTON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUNSMOOR, SHARON	2.2 NAME	
STREET ADDRESS	815 HUNTINGTON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Sharon Dunsmoor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-297 7047854818
Date Daytime Phone #

CR2E034 (9/96)