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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S79103

DUNSON FERN, INC.

Mailing Address		
141 CISCO ROAD POMONA PARK FL 32181		
2a. Mailing Address		
	141 CISCO ROAD POMONA PARK FL 32181	

FILED
Feb 27 1998 8:00am
Secretary of State



OMONA PARK FL 32181		POMONA PARK FL 32181			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 09/09/1991			
Principal Place	of Business	2a. Mailing Add	dress	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/09/1991  4. FEI Number  59-3153492  Applied For  Not Applicable  6. Certificate of Status Desired  8. Election Campaign Financing Fee Required  8. Election Campaign Financing Trust Fund Contribution Added to Fees  Country  8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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  Statutes, the above-named corporation submits this statement for the purpose of changing its registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
		26			59-3153492	Not Applicable		
Suite, Apt. #, e	tc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	*		
City & State		City & State	1					
Zip	Country 25	Zip <b>29</b>		ntry				
9	Name and Address of Cui	rent Registered Agent			10. Name and Address of New Registered	Agent		
SHEPHARD, KEN 205 N. WOODLAND BLVD DELAND FL 32720				dress (P.O. Box Number is Not Acceptable)				
				83				
				84 City	FL	85 Zip Code		
office or regist		ate of Florida. Such cha	inge was authorized	by the corpora				

agent La	m tamiliar with, and accept the obligation	s of, Section 607.0505, F	lorida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NC	TE: Registered Agent signature required	when reinstating)	DATE	
12.	OFFICERS AND DIF		13.	ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTOR	RS IN 12
TITLE	DP	DELETE	11 TITLE		Change	Additio
NAME	DUNSON, MARTIN		1.2 NAME			
STREET ADDRESS	BOX 26, 141 CISCO RD.		1.3 STREET ADDRESS			
CITY-ST-2IP	POMONA PARK FL		1.4 CiTY-ST-ZIP			
TITLE	DS	DELETE	21 TITLE		Change	Additio
NAME	DUNSON, LAURA ANN		2.2 NAME			
STREET ADDRESS	BOX 26, 141 CISCO RD		2.3 STREET ADDRESS			
CITY-ST-ZIP	POMONA PARK FL		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CHY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CiTY-ST-ZIP			6.4 CiTY-ST-7IP			

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: