

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **838362** (2)

1. Corporation Name
DUCLARKEE INC.



Principal Place of Business: **222 E. ROBINSON ST. KNOXVILLE IA 50138**
Mailing Address: **222 E. ROBINSON ST. KNOXVILLE IA 50138**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Street, Apt. #, etc.					Street, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporated or Qualified 05/05/1977	3a. Date of Last Report 01/31/1995
4. FEI Number 42-6056986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WOODWARD, ARTHUR V.
207 NORTH COLLIER BLVD., SUITE 203
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0612 and 607.1502, 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 607.0613, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	2. NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	4. CITY-STATE-ZIP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS	8. CITY-STATE-ZIP	2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	10. NAME	2. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	12. NAME	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. CITY-STATE-ZIP	14. NAME	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	16. NAME	3. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS	18. NAME	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. CITY-STATE-ZIP	20. NAME	4. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	22. NAME	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	23. NAME	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
24. CITY-STATE-ZIP	24. NAME	5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE	25. NAME	5. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. STREET ADDRESS	26. NAME	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. CITY-STATE-ZIP	27. NAME	6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. TITLE	28. NAME	6. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. STREET ADDRESS	29. NAME	6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. CITY-STATE-ZIP	30. NAME	6. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SD

**TD Hollingshead, James L.
402 W. Washington
Knoxville, IA 50138**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person 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 addition, with an address.

SIGNATURE: *Jamie L. Hollingshead* 1-16-96 515-828-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)