

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

FILED
Jan 25, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-25-1999 90010 023 ****150.00

DOCUMENT # 838362

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1977

4. FEI Number
42-6056986 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD JOB, NED K.	1.2 NAME	
STREET ADDRESS	R.R. #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE IA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP JOB, D. L.	2.2 NAME	
STREET ADDRESS	710 E. MADISON	2.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE IA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD JOB, STUART L.	3.2 NAME	
STREET ADDRESS	212 W. MARION	3.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE IA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JOB, MARGARET P.	4.2 NAME	
STREET ADDRESS	213 W. MAIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE IA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD HOLLINGSHEAD, JAMES L.	5.2 NAME	
STREET ADDRESS	402 W. WASHINGTON	5.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE IA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.R. #1	6.2 NAME	
STREET ADDRESS	KNOXVILLE IA	6.3 STREET ADDRESS	
CITY-ST-ZIP	DVP	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *James L Hollingshead* DATE: **1-4-99** DAYTIME PHONE #: **515-828-8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)