

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004407 (1)**

1. Corporation Name  
**DUKE MANUFACTURING CO.**



Principal Place of Business  
**170 SCARLET BOULEVARD  
OLDSMAR FL 34677**

Mailing Address  
**170 SCARLET BOULEVARD  
OLDSMAR FL 34677**

2. Principal Place of Business  
21 State, Apt. #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 State, Apt. #, etc  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified **09/12/1995**

3a. Date of Last Report **N/A**

4. FET Number **43-1548196**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name **CT Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Rd.**

83

84 City **Plantation** 85 Zip Code **FL 33324**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| 12.1 TITLE                 | <b>PD</b>                          | 13.1 TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.2 NAME                  | <b>JOHNSON, J D</b>                | 13.2 NAME   | <b>H.A. Redohl</b>   |
| 12.3 STREET ADDRESS        | <b>13008 PEMBROOK VALLEY COURT</b> | 13.3 STREET ADDRESS                                   | <b>8514 EAGER Rd</b>   |
| 12.4 CITY-STATE-ZIP        | <b>ST LOUIS MO 63141</b>           | 13.4 CITY-STATE-ZIP                                   | <b>OLNEY, MO 63449</b>   |
| 12.5 TITLE                 | <b>VSD</b>                         | 13.5 TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12.6 NAME                  | <b>HAKE, JOHN J</b>                | 13.6 NAME   | <b>KEVIN EICHNER</b>   |
| 12.7 STREET ADDRESS        | <b>6755 PARC CHARLENE</b>          | 13.7 STREET ADDRESS                                   | <b>160 N MERAMAC</b>   |
| 12.8 CITY-STATE-ZIP        | <b>FLORISSANT MO 63033</b>         | 13.8 CITY-STATE-ZIP                                   | <b>CLAYTON, MO 63105</b>   |
| 12.9 TITLE                 | <b>D</b>                           | 13.9 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.10 NAME                 | <b>ANDRUS, MICHAEL</b>             | 13.10 NAME  |  |
| 12.11 STREET ADDRESS       | <b>1911 FALLING TREE COURT</b>     | 13.11 STREET ADDRESS                                  |  |
| 12.12 CITY-STATE-ZIP       | <b>CHESTERFIELD MO 63017</b>       | 13.12 CITY-STATE-ZIP                                  |  |
| 12.13 TITLE                | <b>D</b>                           | 13.13 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.14 NAME                 | <b>STEWART, IVAN</b>               | 13.14 NAME  |  |
| 12.15 STREET ADDRESS       | <b>ROUTE 4, BOX 160B</b>           | 13.15 STREET ADDRESS                                  |  |
| 12.16 CITY-STATE-ZIP       | <b>SEDALIA MO 65301</b>            | 13.16 CITY-STATE-ZIP                                  |  |
| 12.17 TITLE                | <b>D</b>                           | 13.17 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.18 NAME                 | <b>GROVE, DAN</b>                  | 13.18 NAME  |  |
| 12.19 STREET ADDRESS       | <b>7145 SUGAR SPRING COURT</b>     | 13.19 STREET ADDRESS                                  |  |
| 12.20 CITY-STATE-ZIP       | <b>ST LOUIS MO 63129</b>           | 13.20 CITY-STATE-ZIP                                  |  |
| 12.21 TITLE                | <b>D</b>                           | 13.21 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12.22 NAME                 | <b>WOODS, JOHN J</b>               | 13.22 NAME  |  |
| 12.23 STREET ADDRESS       | <b>215 GRAND BANKS COURT</b>       | 13.23 STREET ADDRESS                                  |  |
| 12.24 CITY-STATE-ZIP       | <b>CHESTERFIELD MO 63017</b>       | 13.24 CITY-STATE-ZIP                                  |  |

14. I 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 (314) 231-1130 202  
DATE AND PHONE NUMBER

E034 (12/95)