

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068253 (2)

1. Corporation Name

DUFFY'S REALTY STATION, INC.



Principal Place of Business

8252 WILTSHIRE DRIVE
SOUTH GULF COVE
PORT CHARLOTTE FL 33981

Mailing Address

8252 WILTSHIRE DRIVE
SOUTH GULF COVE
PORT CHARLOTTE FL 33981

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D
C/O BATSEL, MCKINLEY, ITTERSAGEN ET AL
1861 PLACIDA ROAD, SUITE 104
ENGLEWOOD FL 34223

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1506, 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 607.0405, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Agent or Director)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

VTS

JOHNSON, PATSY

41 BOUNDARY #102

ROTONDA WEST FL

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

D

DUFF, JAMES T

360 BOCILLA

DON PEDRO ISLAND FL 33946

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

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1. TITLE

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2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ DELETE

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change

☐ Addition

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☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change

☐ Addition

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)(a), Florida Statutes. I further certify that the information included in 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 I am not on an attachment with an address.

March 11, 1994

94-698-1500

CR2E034 (12/95)