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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

010792

(0)

DOCUMENT #
1. Corporation Name

DUVAL-BIBB COMPANY



Process Surface Status Process											
Supplementary Supplementar	Principal Place of Business Mailing Address							A 1001AO ADIBA ARDAY ODINI ADDAW AD	ICE (DAY OTBY) 1		EN 9101 1101 1501
2. Principal Place of Business 2a. Maining Address 3c. Maining	5300 W. CYPRESS ST P.O. BOX 24168 SUITE 250 P. O. BOX 24168 TAMPA FL 33607-1712 TAMPA FL 33623-4168										
Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Added to Fee. Added to Fee. Added to Fee. 28 Suite, Apt. #, etc. 29 Suite, Added to Fee. 28 Suite, Added to	US		US	US				3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1995			eport 995
Suite, Apt. 4, etc. 2 27 27 27 27 27 27 27	2. Principal Pla 21	ce of Business		Address				4. FEI Number 58-0512985	. <u> </u>	1	
28	Suite, Apt. #	, etc.	\vdash					5. Certificate of Status Desired		,	
Second	City & State		<u> </u>	tate							
Section Sect		<u>├</u>	⊢ ¬ ·			ry				x under s	199.032,
COPPAGE_REESE 5300 W. CYPRESS ST., STE. 250 P.O. BOX 24188 TAMPA FI. 12. PD OFFICERS AND DIRECTORS DELETE 11. DRIEFE MAY STREET ADDRESS CITY-S1-7P TITLE COPPAGE_REESE 1112 CULBREATH ISL, DR. TAMPA FI. 12. TAMPA FI. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-S1-7P TITLE COPPAGE_REESE 112 CULBREATH ISL, DR. TAMPA FI. 12. TAMPA FI. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY-S1-7P TITLE COPPAGE_MARES COPPAGE_MARES COPPAGE_MARES COPPAGE_MARES COPPAGE_MARES 112 CULBREATH ISL, DR. TAMPA FI. 12. TAMPA FI. 12. TAMPA FI. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 COPPAGE_MARES 112 CULBREATH ISL, DR. TAMPA FI. 14. CITY-S1-7P TITLE COPPAGE_MARES COPPAGE_MARES AND COPPAGE_MARES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 COPPAGE_MARES 112 CULBREATH ISL, DR. TAMPA FI. 14. CITY-S1-7P TITLE COPPAGE_MARES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 COPPAGE_MARES 112 CULBREATH ISL, DR. TAMPA FI. 14. CITY-S1-7P TITLE COPPAGE_MARES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 COPPAGE_MARES 113 SIRRET ADDRESS 114 CITY-S1-7P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 COPPAGE_MARES 114 CITY-S1-7P TITLE COPPAGE_MARES COPPAGE_MARES ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 COPPAGE_MARES 14. CITY-S1-7P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 COPPAGE_MARES 14. CITY-S1-7P COPPAGE_MARES COPPAGE_	24				[30]						
\$2 Street Address (P.O. Box Number is Not Acceptable)		O, Hamile Elle Floation of Control	. Hogistes Ag		8	1 N	ame	IV. Haite and Address of New A	oğistered i	(Beilt	
S300 W. CYPRESS ST., STE. 290 P.O. BOX 24188 TAMPA FL 33607 84 Otty FL 55 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutes. 13. But the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607,0505 Principal Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the obligations of, Section 607,0505 Principal Statutes, and accept the obligations of, Section 607,0505 Principal Statutes, and accept the obligations of, Section 607,0505 Principal Statutes, and accept the obligations of, Section 607,0505 Principal Statutes, and accept the obligations of, Section 607,0505 Principal Statutes, and accept the obligations of, Section 607,0505 Principal Statutes, and accept the obligations of, Section 607,0505 Principal Statutes, and accept the obligations of Section 607,0505 Principal Statutes, and accept the obligations of Section 607,0505 Principal Statutes, and accept the obligations of Section 607,0505 Principal Statutes, and accept the obligations of Section 607,0505 Principal Statutes, and accept the obligations of Section 607,0505 Principal Statutes, and accept the obligations of Section 607,0505 Principal Statutes, and accept the obligations of Section 607,0505 Principal Statutes, and accept the obligations of Section 607,0505 Principal Statutes, and accept the obligation of Section 607,0505 Principal Statutes, and accept the obligation of Section 607,0505 Principal Statutes, and accept the obligation of Section 607,0505 Principal Statutes, and accept the obligation of Section 607,0505 Principal Statutes, and accept the obligation of Section 607,0505 Principal Statutes, and accept the obligation of Section 607,0505 Principal Statutes, and accept the obligation of Section 607,0505 Principal Statutes, and accept the obligation of Section 607,0505 Principal Statutes, and accept the obligat					9.	2 0	tenat Adalena	o (P.O. Box Number is Not Assentab	iol		
TAMPA FL 33607 11. Pursuant to the provisions of Sections 607,0502 and 607 1508, Fierida 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 Floods. Such change was authorized by the corporation's board of directors. I thereby accept the appointment as registered office familiar with, and accept the obligations of, Section 607,505, Florida Statutes. SIGNATURE Tame	5300 V	V. CYPRESS ST., STE. 250					ileet Addres	SS (r.O. DOX Number is Not Acceptable)			
STREET ADDRESS COMPAGE, MARTHA A (ASST) TAMPA FI COMPAGE, MARTHA A (ASST) TAMPA FI COMPAGE, MARTHA A (ASST) TAMPA FI COLORES COL					8.	<u></u>					
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing his registered agent, or both, in the State of Florida. Such change was withorized 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 12. OFFICERS AND DIRECTIORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 12 PD COPPAGE, REESE 1112 CULBREATH ISL, DR. 113 SIRRET ADDRESS 1112 CULBREATH ISL, DR. 1112 CULBREATH ISL, DR. 1112 CULBREATH ISL, DR. 1112 CULBREATH A L(ASST) 1112 CULBREATH ISL, DR. 1112 C	***************************************				84	4 C	ity		FI	85 Zir	p Code
SIGNATURE Signature Speed or prefiled raise of registered agent and their it applicable. PATE freq shared agent say after required when reinibilities DATE	or registere	ed agent, or both, in the State of Florid	da. Such change i	was authorized	the above by the cor	nam porat	ed corporati ion's board	on submits this statement for the pur of directors. I hereby accept the appo	nose of cha	nging its r registered	egistered office I agent. I am
12.	SIGNATURE										
TITLE				(NOTE:		jent sigr	ature required wi			DIDECTO	DO IN 10
NAME COPPAGE, REESE 1112 CULBREATH ISL, DR. 13 SIREEI ADDRESS 114 CITY-SI-ZIP		PD		DELETE	4	F		ADDITIONS/CHANGES TO OFFI			
TAMPA FL	NAME		ے						۲.	_ Onunge	
DELETE VD	STREET ADDRESS	•			1.3 STREE	Et add	RESS				
NAME COPPAGE, JAMES 22 NAME 22 NAME 23 STREET ADDRESS COLUMBUS GA 24 CITY-ST-ZIP COPPAGE, MARTHA A. (ASST) 1112 CULBREATH ISL, DR. DELETE 31 TITLE Change Addition Additio	CITY - ST - ZIP				•						
246 CASCADE ROAD 23 SIREET ADDRESS 24 CITY-ST-ZIP	TITLE			DELETE	2. 1 TITLE	E] Change	☐ Addition
COLUMBUS GA 24 CITY-ST-ZIP SD DELETE 3.1 TITLE COPPAGE, MARTHA A.(ASST) 1112 CULBREATH ISL, DR. TAMPA FL 33. STREET ADDRESS CITY-ST-ZIP TITLE Change Addition A	NAME				2.2 NAME	Ε					
DELETE DELETE SD DELETE STAMPA A. (ASST) DELETE STAMPA FL Change Addition	STREET ADDRESS				23 STREE	ET ADD	RESS				
COPPAGE, MARTHA A.(ASST) 32 NAME 33. STREET ADDRESS 1112 CULBREATH ISL, DR. 34. CITY-ST-ZIP TIME DELETE 4. 1. TITLE Change Addrtion	CiTY+ST-ZiP			DC: EXC			·			· 	
1112 CULBREATH ISL, DR. 33. STREET ADDRESS 1112 CULBREATH ISL, DR. 34. CITY-ST-ZIP	1			DELETE					L.] Change	☐ Addition
TAMPA FL 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP			,				,000				
DELETE							·				
NAME	TITLE			DELETE			· · · · · · · · · · · · · · · · · · ·		г	7 Change	[] Addition
Addition	NAME								_		
DELETE DELETE 5 1 TITLE Change Addition	STREET ADDRESS				4.3 STREE	ET ADO	RESS				
DELETE DELETE TITLE Change Addition	CITY-ST-ZIP				4.4 CITY-	- ST- ZIF	,				
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition 62 NAME STREET ADDRESS 6 3 STREET ADDRESS	TITLE			DELETE						Change	Addition
CITY-ST-ZIP TITLE DELETE 6 1 TITLE NAME 62 NAME 63 STREET ADDRESS 6 3 STREET ADDRESS	NAME				52 NAME	F					
TITLE DELETE 6 1 TITLE Change Addition NAME STREFT ADDRESS 63 STREET ADDRESS	STREET ADDRESS				53 STREE	et add	RESS				
NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS	CITY-ST-ZIP	w			54 CITY-	ST-ZIF	,				
STREFT ADDRESS 63 STREET ADDRESS	TITLE			DELETE	6 1 TITLE	E] Change	□ Addition
	NAMÉ				62 NAME						
CHY-ST-7IP	STREFT ADDRESS										
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	CITY-ST-ZIP	contifu that the information as malled.	with this fline is a	duntorily 6 mais	64 CITY-	ST-ZIF	ob promise 4a	the exemption plated in Continue 240	37/0\(0.5 E)	dala Ct-t :	

Too nevery certify that the information supplied with this tilling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(s)(k), Florida Statutes i furnier 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.

Reese Coppage

SIGNATURE:

Muse Compact Pres:

President 4/13/96 (813) 281-0091