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FILED  
Aug 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 279146 (5)

1. Corporation Name

W.R. DUKE INSURANCE AGENCY, INC.



Principal Place of Business

250 W. DEARBORN STREET  
P.O. BOX 1306  
ENGLEWOOD FL 34223

Mailing Address

250 W. DEARBORN STREET  
P.O. BOX 1306  
ENGLEWOOD FL 34223-3245

2. Principal Place of Business

21 7831 Sugar Bend Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 7831 Sugar Bend Dr.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

Zip

24 32819

Country

25 Orange

City & State

28 Orlando, FL

Zip

29 32819

Country

30 Orange

9. Name and Address of Current Registered Agent

DUKE, RANDY R.  
250 W. DEARBORN ST.  
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified

03/04/1964

3a. Date of Last Report

02/27/1996

4. FEI Number

59-1051231

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Duke, Randy R.

82 Street Address (P.O. Box Number is Not Acceptable)

7831 Sugar Bend Dr.

83

84 City

Orlando

FL

85 Zip Code

32819

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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME DUKE, RANDY R.  
STREET ADDRESS 609 PINE HOLLOW CIRCLE  
CITY-ST-ZIP ENGLEWOOD FL

TITLE ST ☒ DELETE

NAME BERG, DEBRA D.  
STREET ADDRESS 3157 EWING DRIVE  
CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Randy R. Duke

6-6-97

(402)

248-1002

CR2E034 (9/96)