

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 450401 (5)

1. Corporation Name
DUVAL SERVICES, INC.



Principal Place of Business
500 S THIRD ST.
JACKSONVILLE BCH. FL 32250

Mailing Address
500 S THIRD ST.
JACKSONVILLE BCH. FL 32250

3. Date Incorporated or Qualified 04/16/1974	3a. Date of Last Report 04/24/1995
4. FEI Number 59-1536393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

MCCURRY, EDGAR W, JR
500 S THIRD ST.
JACKSONVILLE BCH. FL 32250

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Date Registered Agent Signature Received (Date)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCURRY, EDGAR W, JR	
STREET ADDRESS	500 S THIRD ST.	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHUPP, ROY D	
STREET ADDRESS	500 S THIRD ST.	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, FRANCES W.	
STREET ADDRESS	500 S THIRD ST.	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCURRY III, EDGAR W.	
STREET ADDRESS	500 S. THIRD STREET	
CITY - ST - ZIP	JACKSONVILLE BCH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	STEFANSEN, PAMELA S.	
STREET ADDRESS	500 S. THIRD STREET	
CITY - ST - ZIP	JACKSONVILLE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add on
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 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:

Edgar W. McCurry, Jr.

4/24/96

904/249-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date/Time Printed

CR2E034 (12/95)