

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90022 047 ***150.00

DOCUMENT # 450401

1. Corporation Name
DUVAL SERVICES, INC.

Principal Place of Business
3161 ST JOHNS BLUFF RD SO
STE 4
JACKSONVILLE FL 32246
US

Mailing Address
3161 ST JOHN BLUFF RD SO
STE 4
JACKSONVILLE FL 32246
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1974

4. FEI Number

59-1536393

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCURRY, EDGAR W, JR
3161 ST JOHNS BLUFF RD SO
STE 4
JACKSONVILLE FL 32246

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MCCURRY, EDGAR W, JR
STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4
CITY-ST-ZIP JAX FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE VD ☐ DELETE
NAME SHUPP, ROY D
STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4
CITY-ST-ZIP JAX FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D ☐ DELETE
NAME MOSS, FRANCES W.
STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4
CITY-ST-ZIP JAX FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD
3.3 STREET ADDRESS MOSS, FRANCES W.
3.4 CITY-ST-ZIP 3161 ST JOHNS BLUFF RD SO STE 4
JACKSONVILLE FL 32246

TITLE VD ☐ DELETE
NAME MCCURRY III, EDGAR W.
STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4
CITY-ST-ZIP JAX FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VSD ☐ DELETE
NAME STEFANSEN, PAMELA S.
STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D ☐ DELETE
NAME BRADFORD, SHERYL
STREET ADDRESS 3161 ST. JOHNS BLUFF RD S #4
CITY-ST-ZIP JACKSONVILLE FL 32246

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99 (904)645-6555

CR2E034 (11/98)