

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 05 1996 8:00 am
Secretary of State

DOCUMENT # **462629** (7)
1. Corporation Name
DUNCAN & TARDIF, P.A.



Principal Place of Business: **1601 JACKSON STREET:SUITE 101 PO DRAWER 249 FORT MYERS FL 33902**
Mailing Address: **1601 JACKSON STREET:SUITE 101 PO DRAWER 249 FORT MYERS FL 33902**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
State, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified: **10/03/1974**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **59-1551472**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **DUNCAN, GORDON R 1601 JACKSON STREET STE. 101 FT. MYERS FL 33901**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 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: _____ DATE: _____
I, the Registered Agent, signed and received when filed this:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARDIF, ROBERT E JR	2. NAME	
STREET ADDRESS	1601 JACKSON; STE 101	3. STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	4. CITY-STATE-ZIP	
TITLE	PDS	2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, GORDON R.	2.2. NAME	
STREET ADDRESS	1601 JACKSON; STE 101	2.3. STREET ADDRESS	
CITY-STATE-ZIP	FT MYERS FL	2.4. CITY-STATE-ZIP	
TITLE		3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2. NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-STATE-ZIP		3.4. CITY-STATE-ZIP	
TITLE		4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY-STATE-ZIP		4.4. CITY-STATE-ZIP	
TITLE		5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY-STATE-ZIP		5.4. CITY-STATE-ZIP	
TITLE		6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY-STATE-ZIP		6.4. CITY-STATE-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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gordon R. Duncan, President

1/17/96 (941) 334-4574
D/S/1/1/96

CR2E034 (12/95)