

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 # 483002 (2)

1. Corporation Name

~~DUKE & KARIKAS, P.A.~~

DUKE & DYCHES, P.A.

NC 3-5<sup>a</sup>  
50-



Principal Place of Business

11300 4TH ST N #200  
P. O. BOX 21231  
ST PETERSBURG FL 33742

Mailing Address

PO BOX 42200  
ST PETERSBURG FL 33742  
US

3. Date Incorporated or Qualified  
08/18/1975

3a. Date of Last Report  
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 11300 - 4TH ST. N.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 300

27

City & State

City & State

23 ST. PETERSBURG, FL

28

Zip

Country

Zip

Country

24 33716

25

USA

29

30

4. FEI Number

59-1615229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUKE, STEPHEN B  
11300 4TH ST N. #200  
ST. PETERSBURG FL 33702

81

Name

DUKE, STEPHEN B.

82

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

11300 - 4TH ST. N., # 300

83

84

City

ST. PETERSBURG

FL

85 Zip Code

33716

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 date if applicable

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD  
DUKE, STEPHEN B  
11300 4TH ST N. #200  
ST PETERSBURG, FL 00000

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD  
DUKE, STEPHEN B.  
11300 - 4TH ST. N., # 300  
ST. PETERSBURG, FL 33716

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

6.5 TITLE ☐ Change ☐ Addition

6.6 NAME  
6.7 STREET ADDRESS  
6.8 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96 (813) 577-7117  
Date Daytime Phone #

CR2E034 (12/95)