

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 529860 (9)  
1. Corporation Name  
DUVAL MANAGEMENT, INC.

Principal Place of Business

3161 ST JOHNS BLUFF RD SO  
STE 4  
JACKSONVILLE ~~BOX~~ FL 32246  
US

Mailing Address

3161 ST JOHNS BLUFF RD SO  
STE 4  
JACKSONVILLE ~~BOX~~ FL 32246  
US

FILED  
May 13 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1977

4. FEI Number

59-1726771

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State  
JACKSONVILLE, FL

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State  
JACKSONVILLE, FL

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City JACKSONVILLE

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE VDS  
NAME STEFANSEN, PAMEL S  
STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4  
CITY-ST-ZIP JAX FL ☐ DELETE

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 JACKSONVILLE, FL 32246

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

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

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 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

4/27/98

904-645-6555

CR2E034 (10/97)