

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 048 \*\*\*150.00

DOCUMENT # 529860

1. Corporation Name  
DUVAL MANAGEMENT, INC.

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

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



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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 VDS ☐ DELETE

NAME STEFANSEN, PAMEL S

STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4

CITY-ST-ZIP JAX FL

TITLE VD ☒ DELETE

NAME SHUPP, ROY D.

STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4

CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE PD ☐ DELETE

NAME MCCURRY, EDGAR W, JR

STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE

CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE VD ☐ DELETE

NAME MCCURRY, EDGAR W. III

STREET ADDRESS 3161 ST JOHNS BLUFF RD SO STE 4

CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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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

3/30/99 (904)645-6555  
Date Daytime Phone #

CR2E034 (11/98)