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

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB -7 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 533031 (1)

1. Corporation Name
DUCKWORTH AVALON GROVE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 417 E. HILLCREST<br>ALTAMONTE SPRINGS FL 32701 | 417 E. HILLCREST<br>ALTAMONTE SPRINGS FL 32701 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1977
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1745726 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRADFORD, CARTER A.
600 E COLONIAL DRIVE
SUITE 310
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~DS~~ | 1.1 TITLE | ~~DELETE~~ DS | ☒ Change ☐ Addition |
| NAME | ~~CARPENTER, A E JR.~~ | 1.2 NAME | BRADFORD, CARTER A. | |
| STREET ADDRESS | ~~4720 SPRING LAKE DR.~~ | 1.3 STREET ADDRESS | 600 E. COLONIAL DR., SUITE 310 | |
| CITY-ST-ZIP | ~~ORLANDO, FL 00000~~ | 1.4 CITY-ST-ZIP | ORLANDO, FL 32803 | |
| TITLE | ~~D~~ | 2.1 TITLE | DELETE | ☒ Change ☐ Addition |
| NAME | ~~DUCKWORTH, LOUISE~~ | 2.2 NAME | | |
| STREET ADDRESS | ~~1012 N. COTTONWOOD ST.~~ | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~LEESBURG FL~~ | 2.4 CITY-ST-ZIP | | |
| TITLE | PDT | 3.1 TITLE | | ☐ Change ☒ Addition |
| NAME | DUCKWORTH, SEDGWICK C. | 3.2 NAME | | |
| STREET ADDRESS | 417 EAST HILLCREST | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ALTAMONTE SPGS FL | 3.4 CITY-ST-ZIP | | 32701-7834 |
| TITLE | D | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DUCKWORTH, HARRIETTE T | 4.2 NAME | | |
| STREET ADDRESS | 1017 VALENCIA AVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL ~~00000~~ | 4.4 CITY-ST-ZIP | | 32804 |
| TITLE | D | 5.1 TITLE | | ☐ Change ☒ Addition |
| NAME | DUCKWORTH, BARBARA C | 5.2 NAME | | |
| STREET ADDRESS | 1018 AMELIA STREET | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | 5.4 CITY-ST-ZIP | | 32803 |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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] 2-4-95 407-767-5316
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
SEDGWICK C. DUCKWORTH T-1, PDT

0030060 CP