

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 # 533031 (1)

1. Corporation Name

DUCKWORTH AVALON GROVE, INC.



Principal Place of Business

Mailing Address

417 E. HILLCREST  
ALTAMONTE SPRINGS FL 32701

417 E. HILLCREST  
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified

05/05/1977

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 417 E. HILLCREST STREET

26 417 E. HILLCREST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

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

81 Name

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

130 Hillcrest St.

83

84 City

Orlando

FL

85 Zip Code

32801

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 DS ☐ DELETE

NAME BRADFORD, CARTER A.  
STREET ADDRESS 600 E. COLONIAL DR., SUITE 310  
CITY-ST-ZIP ORLANDO FL

TITLE PDT ☐ DELETE

NAME DUCKWORTH, SEDGWICK C.  
STREET ADDRESS 417 EAST HILLCREST  
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE D ☐ DELETE

NAME DUCKWORTH, HARRIETTE T.  
STREET ADDRESS 1017 VALENCIA AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME DUCKWORTH, BARBARA C.  
STREET ADDRESS 1018 AMELIA STREET  
CITY-ST-ZIP ORLANDO FL

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

☐ Change ☐ Addition

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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: L. Duckworth / S.C. DUCKWORTH, PDT 2-16-96 407-767-5310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)