

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: **417 E. HILLCREST ALTAMONTE SPRINGS FL 32701**
Mailing Address: **417 E. HILLCREST ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified: **05/05/1977**
3a. Date of Last Report: **02/07/1995**
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

2. Principal Place of Business: **21 417 E. HILLCREST STREET**
Suite, Apt. #, etc.:
City & State: **22**
Zip: **24** Country: **25**
2a. Mailing Address: **26 417 E. HILLCREST STREET**
Suite, Apt. #, etc.:
City & State: **27**
Zip: **29** Country: **30**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS <input type="checkbox"/> DELETE	NAME: BRADFORD, CARTER A.	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 600 E. COLONIAL DR., SUITE 310	CITY - ST - ZIP: ORLANDO FL	1.2 NAME: 130 Hillcrest St.	
TITLE: PDT <input type="checkbox"/> DELETE	NAME: DUCKWORTH, SEDGWICK C.	1.3 STREET ADDRESS: Orlando, FL	
STREET ADDRESS: 417 EAST HILLCREST	CITY - ST - ZIP: ALTAMONTE SPGS FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D <input type="checkbox"/> DELETE	NAME: DUCKWORTH, HARRIETTE T.	2.2 NAME: 417 EAST HILLCREST STREET	
STREET ADDRESS: 1017 VALENCIA AVE.	CITY - ST - ZIP: ORLANDO FL	2.3 STREET ADDRESS:	
TITLE: D <input type="checkbox"/> DELETE	NAME: DUCKWORTH, BARBARA C.	2.4 CITY - ST - ZIP:	
STREET ADDRESS: 1018 AMELIA STREET	CITY - ST - ZIP: ORLANDO FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.2 NAME:	
STREET ADDRESS:	CITY - ST - ZIP:	3.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.4 CITY - ST - ZIP:	
STREET ADDRESS:	CITY - ST - ZIP:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.2 NAME:	
STREET ADDRESS:	CITY - ST - ZIP:	4.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.4 CITY - ST - ZIP:	
STREET ADDRESS:	CITY - ST - ZIP:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.2 NAME:	
STREET ADDRESS:	CITY - ST - ZIP:	5.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.4 CITY - ST - ZIP:	
STREET ADDRESS:	CITY - ST - ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.2 NAME:	
STREET ADDRESS:	CITY - ST - ZIP:	6.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE	NAME:	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: S. C. 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)