

DOCUMENT # 533031

1. Entity Name
DUCKWORTH AVALON GROVE, INC.

Principal Place of Business
417 EAST HILLCREST STREET
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
417 EAST HILLCREST STREET
ALTAMONTE SPRINGS FL 32701
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1745726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADFORD, CARTER A.
130 HILLCREST STREET
32801-00 FL 32803

7. Name and Address of New Registered Agent

Name

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

1525 Bonnie Burn Circle

City

Winter Park

FL

Zip Code

32789

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DS	BRADFORD, CARTER A.	130 HILLCREST STREET	ORLANDO FL	<input type="checkbox"/>
PDT	DUCKWORTH, SEDGWICK C.	417 EAST HILLCREST STREET	ALTAMONTE SPGS FL	<input type="checkbox"/>
D	DUCKWORTH, HARRIETTE T.	1017 VALENCIA AVE.	ORLANDO FL	<input checked="" type="checkbox"/>
D	DUCKWORTH, BARBARA C.	WINTERPRK TWRS #611 1111 S LAKEMONT AVE	WINTER PARK FL 32792	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Craig T. Duckworth	4345 Sugar Pine Drive	Boca Raton, FL 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Ann D. Bradford	1525 Bonnie Burn Circle	Winter Park, FL 32789	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-01 407-767-5310

CR2E034 (10/00)