FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

FRANK E. DUCKWALL FOUNDATION, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		
101 E KENNEDY BLVD 4TH FLOOR TAMPA FL 33631 US	PO BOX 31813 TRUST DEPT TAMPA FL 33631 US		3. Date Incorporated or Qualified 03/09/1983 4. FEI Number Applied For 59-6773462 Not Applicable
2. Principal Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired S8.75 Additional Fee Regulred
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	City & State		7. Is this nonprofit corporation a homeowners association? Yes No
Zip Country 24 25	29 30	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 🔀 No
9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
RIEF, FRANK J., III MCWHIRTER, REEVES, &C. 100 NO TAMPA STR, STE 2800 TAMPA FL 33602			iress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of Sections 617 050	2 and 617 1508 Floride Statutes, the a		FL 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE 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 ☐ DELETE 1.1 TITLE Change Addition RIEF, FRANK J., III NAME 1.2 NAME 3318 JEAN CIRCLE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change ■ Addition KELLY, JAMES M. NAME 2.2 NAME 3322 VALENCIA RD. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition MORRISON, G. LOWE NAME 32 NAME 1515 RINGLING BLVD. STREET ADDRESS 3.3 STREET ADDRESS **SARASOTA FL 34236** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition WILCOX, FORREST S. NAME 4. 2 NAME 12202 N. 22ND ST. #218 STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.