Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

**NONPROFIT** CORPORATION ANNUAL REPORT

RIEF, FRANK J., III MCWHIRTER, REEVES, &C.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT  1. Corporation Name	# 76737	7				
FRANK E. DUCKV	NALL FOUNDAT	TION, IN	C.			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Principal Place of Business		Mailing Address				
101 E KENNEDY BLVD		PO BOX 31813				
4TH FLOOR	TRUST DEPT					
TAMPA FL 33631			AMPA FL 33631			
US		U	<b>&gt;</b>			
2. Principal Place of Business		2a.	Mailing Address			
21		26				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
22		27				
City & State		City & State				
23		28				
Zip	Country		Zip	Co	untry	
24	25	29		30		
Name and Address of Current Registered Agent						
					81 Name	

**FILED** Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90070 022 \*\*\*\*61.25



3. Date Incorporated or Qualifed 03/09/1983 4. FEI Number

5. Certifcate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

10. Name and Address of New Registered Agent

59-6773462

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

TAMPA FL 83602			442 W. Kennedy Bivd., Suite 340						
			City			85 Zip C 336			
office or re	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorized framiliar with, and accept the obligations of, Section 617.0503, Florida Statute.	ed by t	named on the corpo	corporation submits this statement for ration's board of directors. I hereby	or the purpose of o accept the appoin	hanging its r tment as reg	egistered stered		
SIGNATURE	NOT De Maria	-d A	aismatura ra	or since the same entire tenting to	DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register  12. OFFICERS AND DIRECTORS			signature re	quired when reinstating)  ADDITIONS/CHANGES TO		DIRECTOR	RS IN 12		
TITLE		1,1 TITLE		<del></del>		☐ Change	Addition		
NAME	17_1	NAME	-						
STREET ADDRESS		STREET	ADDRESS						
CITY-ST-ZIP	TAADA FI	CITY-ST							
TITLE		TITLE	_			☐ Change	Addition		
NAME	KELLY, JAMES M. 221	NAME					Ī		
STREET ADDRESS		STREET	ADDRESS						
CITY-ST-ZIP	T4400 51	CITY-S1	-ZIP						
TITLE	D DELETE 3.1	TITLE				☐ Change	Addition		
NAME	MORRISON, G. LOWE 3.21	NAME	1						
STREET ADDRESS	1515 RINGLING BLVD. 3.3	STREET	ADDRESS				]		
CITY-ST-ZIP	SARASOTA FL 34236		r-21P						
TITLE	D DELETE 4.1	4.1 TITLE				☐ Change	Addition		
NAME	WILCOX, FORREST S. 4.2	NAME	Ì				Ì		
STREET ADDRESS	12202 N. 22ND ST. #218 43	STREET	ADDRESS				ĺ		
CITY-ST-ZIP			-ZIP						
TITLE	_	TITLE	İ			☐ Change	☐ Addition		
NAME		NAME							
STREET ADDRESS			ADDRESS						
CITY-ST-ZIP		CITY-ST	- Z:P		· · · · · · · · · · · · · · · · · · ·				
TITLE	C OCCCIC	TITLE				Change	☐ Addition		
NAME		NAME							
STREET ADDRESS	· · ·		ADDRESS )				)		
CITY-ST-ZIP		CITY-ST	_		1 10 11 11				
14. Thereby	certify that the information supplied with this filing does not qualify for the ex	emptic	on stated	in Section 119.07(3)(i), Florida Stat	utes. I Turther certi	ry that the inf	ormation		

I hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informationated 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, with all-officer like empowered.

**SIGNATURE** 

813-258-6660