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CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morsham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 856097 (1)**

1. Corporation Name  
**DUTEX MANAGEMENT CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% PHILIP J. DAVIS 100 INGALLS DR PENSACOLA FL 32506	% PHILIP J. DAVIS 100 INGALLS DR PENSACOLA FL 32506

DO NOT WRITE IN THIS SPACE.

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
24	25
	29
	30

3. Date Incorporated or Qualified <b>04/12/1983</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>59-2996975</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVIS, PHILIP J 100 INGALLS DR PENSACOLA FL 32506				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUTURIER, ETIENNE	1.2 NAME	
STREET ADDRESS	13 RUE JOSEPH PASQUIER	1.3 STREET ADDRESS	
CITY - ST - ZIP	1211 GENEVE	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOULOUUDIS, NICOLAS	2.2 NAME	
STREET ADDRESS	5 AV. RODIN, 75016	2.3 STREET ADDRESS	
CITY - ST - ZIP	PARIS	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNIER, JEAN	3.2 NAME	
STREET ADDRESS	18 RUE CRESPIN 1208	3.3 STREET ADDRESS	
CITY - ST - ZIP	GENEVE	3.4 CITY - ST - ZIP	
TITLE	POA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PHILIP J	4.2 NAME	
STREET ADDRESS	100 INGALLS DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an affidavit.

SIGNATURE: *Philip J. Davis* **2/26/95** (904) 465-5360  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**PHILIP J. DAVIS**