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 # **F50455** **(7)**

1. Corporation Name

THE DURKEE COMPANY

Principal Place of Business

C/O KEITH DURKEE
P.O. BOX 4755
CLEARWATER FL 34618

Mailing Address

C/O KEITH DURKEE
P.O. BOX 4755
CLEARWATER FL 34618

3. Date Incorporated or Qualified: **10/21/1981**

3a. Date of Last Report: **03/22/1995**

4. FEI Number: **59-2130474** [ ] 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

DURKEE, KEITH
416 JASMINE WAY
10
CLEARWATER FL 33516

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0506, 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. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	DURKEE, PHYLLIS	
STREET ADDRESS	416 JASMINE WAY	
CITY, ST, ZIP	CLEARWATER, FL 00000	
TITLE	DP	[ ] DELETE
NAME	DURKEE, KEITH	
STREET ADDRESS	416 JASMINE WAY	
CITY, ST, ZIP	CLEARWATER, FL 00000	
TITLE	DVP	[ ] DELETE
NAME	DURKEE, DANIEL	
STREET ADDRESS	2064 OAKADIA DR	
CITY, ST, ZIP	CLEARWATER FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE	[ ] Change	[ ] Addition
1-NAME		
1-STREET ADDRESS		
1-CITY, ST, ZIP		
2-TITLE	[ ] Change	[ ] Addition
2-NAME		
2-STREET ADDRESS		
2-CITY, ST, ZIP		
3-TITLE	[ ] Change	[ ] Addition
3-NAME		
3-STREET ADDRESS		
3-CITY, ST, ZIP		
4-TITLE	[ ] Change	[ ] Addition
4-NAME		
4-STREET ADDRESS		
4-CITY, ST, ZIP		
5-TITLE	[ ] Change	[ ] Addition
5-NAME		
5-STREET ADDRESS		
5-CITY, ST, ZIP		
6-TITLE	[ ] Change	[ ] Addition
6-NAME		
6-STREET ADDRESS		
6-CITY, ST, ZIP		

14. I do hereby certify that the information supplied herein, including, but not limited to, the exemption status in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on the 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 with an addition, change, or deletion.

SIGNATURE: 4-15-96 813-573-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (12/95)