

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Carolina B. Weather
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

MAY -1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004696 (1)

1. CORPORATION NAME:

DUNCAN ROSS INC.

Principal Place of Business

**3817 S. CARSON ST., STE. 411
CARSON CITY NV 89701**

Mailing Address

**3817 S. CARSON ST., STE. 411
CARSON CITY NV 89701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1993

3a. Date of Last Report

08/09/1994

4. FEI Number

88-0305490

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

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2b. Mailing Address

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Suite, Apt. # etc.

Suite, Apt. # etc.

City & State

City & State

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9. Name and Address of Current Registered Agent

**KING, D.J.
215 N. ORANGE AVE.
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name: **D.J. King**
82 Street Address (P.O. Box Number is Not Applicable): **A.C.R. 1 Unit 435**
83 **1144 S. Highway 17**
84 City: **Satsuma** 85 Zip Code: **FL 32189**

11. Pursuant to the provisions of Sections 607.0104 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0104, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	CP KING, R. 2533 N. CARSON ST. CARSON CITY NV 89706	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	VCS KING, D.J. 215 N. ORANGE AVE. DELAND FL 32720	2. STREET ADDRESS	☐ Change ☐ Addition
3. CITY & STATE	D KING, D.R. H.C.R. 1 BOX 435 SATSUMA FL 32189	3. CITY & STATE	☐ Change ☐ Addition
4. NAME	D KING, M. BOX 7693 COLORADO CO 80933	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	KING, D. HCR 1 BOX 435 SATSUMA FL 32189	5. STREET ADDRESS	☐ Change ☐ Addition
6. CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	☐ Change ☐ Addition
9. CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and clearly and truthfully for the exemption stated in law from 199.032, Florida Statutes. I further certify that the information is not required by any other law or regulation and that my signature shall have the same legal effect as if I were a resident of the State of Florida. I am familiar with and accept the obligations of the provisions of the law and regulations governing the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, Block 13 and Block 14 of this report as required by law.

SIGNATURE:

J. Hompler
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 C102 085-7923