

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G83881 ✓

1. Corporation Name

THE DUKE COMPANIES, INC.

Principal Place of Business

437 E. MONROE ST.
411 E. MONROE ST.
JACKSONVILLE FL 32202
US

Mailing Address

437 E. MONROE ST.
411 E. MONROE ST.
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1984

4. FEI Number

59-2675070

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 owes the current year
Intangible Personal Property.

2. Principal Place of Business

21 437 E. MONROE ST.

Suite, Apt. #, etc.

22 100

City & State

23 JACKSONVILLE, FL.

Zip

24 32202

Country

25 US

2a. Mailing Address

26 437 E. MONROE ST.

Suite, Apt. #, etc.

27 100

City & State

28 JACKSONVILLE, FL.

Zip

29 32202

Country

30 U.S.

9. Name and Address of Current Registered Agent

WILLIS, LYNWOOD G
437 E. MONROE STREET
JACKSONVILLE FL 32202

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE
NAME WILLIS, LYNWOOD G
STREET ADDRESS 415 E. MONROE ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE DPT ☐ DELETE
NAME SULLIVAN, LINDA
STREET ADDRESS 415 E. MONROE ST.
CITY-ST-ZIP JACKSONVILLE 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYNWOOD G. WILLIS

7-6-99

Date

904-358-3898

Daytime Phone #

CR2E034 (5/99)

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90015 001 ***558.75