

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

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**95 APR 18 AM 7:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # H11526 (1)**  
1. Corporation Name  
**FRANKLIN-DUNCAN, INC.  
Bob Franklin & Associates, Inc.**

Principal Place of Business Mailing Address  
**841 NE SAVE FT. LAUDERDALE FL 33304 US** **BOX 1077 FT. LAUDERDALE FL 33302 US**

3. Date Incorporated or Qualified **06/20/1984** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1423 S.W. 1ST. AVE.** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State 27  
23 **FT. LAUDERDALE FL** 28  
City & State  
Zip Country 29 Zip Country 30  
24 **33316** 25 **US**

4. FEI Number **59-2432551** 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

9. Name and Address of Current Registered Agent  
**FRANKLIN, DORIS C.  
841 NE 3RD AVE  
FT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent  
B1 Name **FRANKLIN, DORIS C.**  
B2 Street Address (P.O. Box Number is Not Acceptable) **1423 S.W. 1ST. AVENUE**  
B3  
B4 City **FT. LAUDERDALE FL** B5 Zip Code **33316**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <b>G.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1101 RIVER REACH DR #217</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	1.4 CITY - ST - ZIP	
TITLE	PST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, DORIS C.</b>	2.2 NAME	
STREET ADDRESS	<b>1101 RIVER REACH DR #217</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **X Doris C. Franklin** **X 4-14-95** **305-522-1882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Telephone Number)