FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H68456

(3)

DUNCAN MAINTENANCE AND MANAGEMENT, INC. Principal Place of Business Mailing Address % FRANK DUNCAN. JR % FRANK DUNCAN, JR 820 SOUTH OAK AVENUE 820 SOUTH OAK AVENUE DO NOT WRITE IN THIS SPACE BARTOW FL 33830 BARTOW FL 33830 3. Date Incorporated or Qualified 07/29/1985 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-243609 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intengible 24 25 Personal Property Tax due June 30. 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name DUNCAN, FRANK, JR. 820 SOUTH OAK AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) BARTOW FL 33830 83 84 City 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Addition TITLE Change 1.1 TITLE DUNCAN, FRANK, JR. NAME 1.2 NAME 820 S. OAK AVE STREET ADDRESS 1.3 STREET ADDRESS **BARTOW FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETÉ ☐ Change Addition TITLE DST 2.1 TITLE DUNCAN, SHELLIE NAME 22 NAME 820 S. OAK AVE STREET ADDRESS 2.3 STREET ADDRESS **BARTOW FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZiP 14. Thereby certify that the information supplied with this filling does not qualify for the premotion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this candual 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

2-11 - CP

FILED

Feb 20 1998 8:00am

Secretary of State