


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90189 025 \*\*\*150.00

<b>DOCUMENT # J68354</b>	
1. Entity Name <b>SEMINOLE INVESTMENTS OF CHIPLEY, INC.</b>	

Principal Place of Business <b>HARDEE'S OF CHIPLEY 1212 MAIN STREET CHIPLEY, FL 32428</b>	Mailing Address <b>2105 S. WAUKESHA ST. BONIFAY, FL 32425</b>
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2. Principal Place of Business <b>P.O. Box 610</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 610</b> Suite, Apt. #, etc.
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City & State <b>Bonifay, FL</b>	City & State <b>Bonifay, FL</b>
Zip <b>32425</b>	Zip <b>32425</b>
Country	Country

40063003



04052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2814360</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MANUEL, JOHN F. 415 S. WAUKESHA STREET BONIFAY, FL 32425</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP MANUEL, JOHN F. 415 S WAUKESHA ST BONIFAY, FL 32425</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP DURANT, DENNIS 3264 DURANT DRIVE BONIFAY, FL 32425</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date <b>4-10-06</b>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

ATTACHMENT 40063003  
ARTICLES OF DISSOLUTION 568354

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Durman Corporation

SECOND: The document number of the corporation (if known): L70055

THIRD: The date dissolution was authorized: April 10, 2006

Effective date of dissolution if applicable: April 10, 2006

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve.:*

The number of votes cast for dissolution was sufficient for approval by

Dennis DuRant

(voting group)

Signature: Dennis DuRant

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Dennis DuRant

(Typed or printed name of person signing)

Director

(Title of person signing)

**Filing Fee: \$35**

ATTACHMENT

40063003

568354

**Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Durman Corporation

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Date service provided or date goods delivered.

Address goods delivered to.

Name of authorized agent that ordered goods or services and that accepted  
delivery of goods or services.

Detailed breakdown of total cost of goods or services.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Durman Corporation

Attn: Dennis DuRant

P. O. Box 610

Bonifay, FL 32425

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Dennis DuRant

Printed Name of the Person Filing



Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**