Mailing Address 3418 HANDY ROAD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L28368

Principal Place of Business

3418 HANDY ROAD

J C DUNCAN & ASSOCIATES, INC.

| STE 206 TAMPA FL 33618 | | STE 206 TAMPA FL 33618 | | DO NOT WRITE IN THIS SPACE | | | |
|---------------------------|---|----------------------------------|----------------|--|--|----------------------------|-----------------------|
| US | • | US | | | 3. Date incorporated or Qualifed 11/06/1989 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | 59-2986875 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 5 Additional |
| 22 | | 27 | | | | | Required |
| City & State | e | City & State | | | 6. Election Campaign Financing | • | 00 May Be |
| 23 | ···· | 28 | | | Trust Fund Contribution | | ed to Fees |
| Zip | Country | Zip | Country | • | 8. This corporation owes the current year | Intangible ZYes | □No |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | <u>-</u> - | |
| | 9. Name and Address of Curren | t Registered Agent | 81 | Name | 10. Name and Address of New Registere | u Agent | |
| DERI | RAH DUNCAN | |]*` | Hairie | | | |
| | 4 COON HIDE ROAD | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | |
| SPRING HILL FL 34610 | | | 83 | | | | |
| 01111 | ING THEE TE SHOTO | | 83 | | | | |
| | | | 84 | City | [- | 85 Z | ip Code |
| | | | | ــــــــــــــــــــــــــــــــــــــ | | <u>L</u> | its resistance |
| office or n | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was auti | horized by | the corpor | orporation submits this statement for the purpose ration's board of directors. I hereby accept the appraisance of the statement of the stateme | of changing ointment as | registered registered |
| SIGNATURE | | | | | n T | | |
| | Signature, typed or printed name of registered agen | | egistered Agei | nt signature req | uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIREC | TORS IN 12 |
| 12. | P OFFICERS AN | ID DIRECTORS | 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS | Chang | |
| TITLE | • | C Section | | | | | |
| NAME | JAMES DUNCAN | | 1.2 NAME | | | | ļ |
| STREET ADDRESS | 17734 COON HIDE ROAD | | | TADDRESS | | | |
| CITY-ST-ZIP | SPRING HILL FL 34610 | ☐ DELETE | 1.4 CITY-S | iT- ZIP | | Chang | ge Addition |
| TITLE | VP | | 2.1 TITLE | } | | | ge |
| NAME | DEBRAH DUNCAN | | 2.2 NAME | | • | | |
| STREET ADDRESS | 17734 COON HIDE ROAD | | | TADDRESS | | _ | |
| CITY-ST-ZIP | SPRING HILL FL 34610 | | 2.4 CITY-S | ST-ZIP | | Chang | ge Addition |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | ∐ ¢ilani | |
| NAME. | | | 3.2 NAME | | | | ļ |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | an E Addisin- |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Chang | ge |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | Ļ |
| CITY-ST-ZIP | <u> </u> | | 4.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | • | ☐ Chan | ge |
| NAME | | | 5.2 NAME | | • | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY- S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | Chang | ge 🗂 Addition |
| NAME | | | 6.2 NAME | | | | 1 |
| STREET ADDRESS | | | | TADDRESS | | | . } |
| CITY CT 710 | | | 6.4 CITY-S | T-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 suppliemental 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 counsed, or on an attachment with an address, with all other like empowered. **SIGNATURE**

2-16-99

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90020 034 ***150.00