FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-55 PC

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

APPROVED AND FILED

95 MAY -1 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L59701 (7)

1. Corporation Name

DUCHESS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% JUDITH M. DUCHESS 13819-G WALSINGHAM RD SUITE 330 LARGO FL 34644	% JUDITH M. DUCHESS 13819-G WALSINGHAM RD SUITE 330 LARGO FL 34644

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 DELETE "c/o Judith Duchess"
Suite, Apt. #, etc: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26 DELETE "c/o Judith Duchess"
Suite, Apt. #, etc: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-2997582 ☐ 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

PERLMAN, JOSEPH N
1101 BELCHER RD SOUTH / STE - B
LARGO FL 34641

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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)) (If 11, Registered Agent signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	DPPS	11 TITLE	P/D/T/	☒ Change ☐ Addition
12 NAME	DUCHESS, WILLIAM	12 NAME	DUCHESS, WILLIAM E.	
13 STREET ADDRESS	15821 SW 104 TERRACE / APT 201	13 STREET ADDRESS	13819-G WALSINGHAM RD., SUITE 330	
14 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	LARGO, FL 34644	
21 TITLE	S	21 TITLE		☐ Change ☐ Addition
22 NAME	KING, MIKE D	22 NAME		
23 STREET ADDRESS	6980 ULMERTON RD / UNIT 2D	23 STREET ADDRESS		
24 CITY ST ZIP	LARGO FL	24 CITY ST ZIP		
31 TITLE	V	31 TITLE	DELETE	☒ Change ☐ Addition
32 NAME	DUCHESS, WILLIAM E.	32 NAME	WILLIAM E. DUCHESS AS VICE PRESIDENT	
33 STREET ADDRESS	11722 CURRIE LN UNIT C2	33 STREET ADDRESS		
34 CITY ST ZIP	LARGO FL	34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 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 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 added by an attachment with an address.

SIGNATURE: William E. Duchess WILLIAM E. DUCHESS, PRESIDENT, 4/19/95 (813)596-3736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460750 FP