


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N97000002480 (8)**

1. Corporation Name

**S W A DUNCAN, INC.**



Principal Place of Business	Mailing Address
200 WEDGEWOOD PLAZA DR. APT 201 RIVIERA BEACH FL 33404	200 WEDGEWOOD PLAZA DR. APT 201 RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

65-0739353

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNCAN, SHEILA  
200 WEDGEWOOD PLAZA DR, APT 201  
RIVIERA BEACH FL 33404

81 Name WALTER W. DUNCAN, JR.

82 Street Address (P.O. Box Number is Not Acceptable)  
200 Wedgewood Plaza Drive, Apt # 201

83

84 City RIVIERA BEACH

FL

85 Zip Code 33409

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Walter W. Duncan, Jr.* WALTER W. DUNCAN, JR.  
Signature, typed or printed name of registered agent and title if applicable

*Sheila Duncan* SHEILA DUNCAN  
Secretary

4-11-98  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
DUNCAN, WALTER  
STREET ADDRESS 200 WEDGEWOOD PLAZA DR, APT 201  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME SD  
DUNCAN, SHEILA  
STREET ADDRESS 200 WEDGEWOOD PLAZA DR, APT 201  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME TD  
DUNCAN, ANNETTE  
STREET ADDRESS 200 WEDGEWOOD PLAZA DR, APT 201  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Walter W. Duncan, Jr.* WALTER W. DUNCAN, JR.  
President

4-11-98 (561) 881-7698

CR2E037 (10/97)