

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90062 033 ***150.00

DOCUMENT # P19090

1. Corporation Name

BARRY, BETTE & LED DUKE, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1988

4. FEI Number

16-1015031

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLTON, FIELDS, WARD, EMMANUEL, SMITH & CUTLER
C/O GEORGE J. MEYER, ESQ.
ONE HARBOUR PL., 777 S. HARBOUR ISLAND BLVD
TAMPA FL 33602-5799

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, DONALD R LED	1.2 NAME	
STREET ADDRESS	76 NORMANSKILL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VOORHEESVILLE NY	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTE, MICHAEL	2.2 NAME	BETTE, MICHAEL
STREET ADDRESS	11 CHESTNUT LN	2.3 STREET ADDRESS	26 EAST RIDGE
CITY-ST-ZIP	CLIFTON PARK NY	2.4 CITY-ST-ZIP	LOUDONVILLE, NY 12211
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON, DONALD	3.2 NAME	STEPHEN OBERMAYER
STREET ADDRESS	3506 GALWAY RD	3.3 STREET ADDRESS	504 VICTORY CIRCLE
CITY-ST-ZIP	BALLSTON SPA NY	3.4 CITY-ST-ZIP	BALLSTON SPA, NY 12020
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEASON, KEVIN	4.2 NAME	
STREET ADDRESS	P O BOX 14552	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUMBIE, JAMES III	5.2 NAME	
STREET ADDRESS	5856 TALLOWOOD CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JERRY	6.2 NAME	
STREET ADDRESS	1126 POSTWOOD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORINTH TX	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

4/24/00 (518) 884-898

CR2E034 (11/98)