

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014970 (7)

1. Corporation Name

DUFFEE, INC.



Principal Place of Business

Mailing Address

147 BLOOMINGDALE AVE. EAST
BRANDON FL 33511

147 BLOOMINGDALE AVE. EAST
BRANDON FL 33511

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

RANKIN, DAVID P
4600 W. CYPRESS ST.
SUITE 500
TAMPA FL 33607

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 607.0602 and 607.0603, 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 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HARDY, GERALD
STREET ADDRESS 147 BLOOMINGDALE AVE. EAST
CITY-STATE-ZIP BRANDON FL 33511

TITLE D
NAME HARDY, PATRICIA A
STREET ADDRESS 147 BLOOMINGDALE AVE. EAST
CITY-STATE-ZIP BRANDON FL 33511

TITLE
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CITY-STATE-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information is based on this annual report or supplement (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 authorized officer or authorized employee 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 is certified to with an address.

SIGNATURE: Patricia A. Hardy PATRICIA A. HARDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/96 813-685-7259

CR2E034 (12/95)