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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000032948 (0)

**DURNELL ENTERPRISES, INC.** 

## **FILED** May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										11818 1	TEN MINI	) 10()  U )		
9997 110TH S				997 110TH STREET N.										
SEMINOLE FL 34642				SEMINOLE FL 34642				DO NOT WRITE	DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified						
								05/03/1993						
2. Principal Pi	lace of Business		2a.	Mailing Address				4. FEI Number			Ap	plied For		
21				26				59-3180245	59-3180245			Not Applicable		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		•		dditional		
22				27								quired		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip Country			28	Zip Country				Trust Fund Contribution						
24	25			29 30				Personal Property Tax due June 3						
27		Address of Curre		tered Agent	1301	Τ'''		10. Name and Address of New Reg			$-\!\!\!/=$			
ואח	RNELL, WILLIA	MC	<del>-</del>			81	Name				4			
9997 110TH STREET N.						82	Ctrant A	ddress (P.O. Box Number is Not Acceptabl	-1	_				
SEMINOLE FL 34642						02	SILGELY	duress (F.O. Box Northber is Not Acceptable	<del>e)</del>					
-						83								
						84	City		··-	85	Zip C	odo		
							,		FL		·			
11. Pursuant to office or reached Lacent Lac	to the provisions egistered agent, m familiar with, a	of Sections 607.05 or both, in the State nd accept the oblice	02 and 6 e of Flori lations o	07 1508, Florida Statu da. Such change was f. Section 607 0505. Fi	tes, the a authorize lorida Stat	bove d by tutes	e-named c the corpo	orporation submits this statement for the purification's board of directors. I hereby accept	rpose of the appo	chang pintme	ing its nt as i	registered egistered		
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,										
	Signature Typed or pr.	ntod name of regulation as	·			d Ago	ut signature re	equired when re-instating)	DATE					
12.		OFFICERS AN	4D DIREC		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND					
TITLE	D	MILLIAM O		☐ DELETE	1.1 Ti					L.J Ch	inge	Addition		
NAME	DURNELL, \				1.2 N									
STREET ADDRESS	SEMINOLE	I STREET N.			1		ADDRESS							
CITY-ST-ZIP TITLE	<b>OCWINOTE</b>	FL 34042		DELETE	1.4 C 2.1 Ti		T-ZIP			Ch		Addition		
NAME				L.J DELLE	2.1 N						111Re	Addition		
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP							61 - ZIP							
TITLE			•	DELETE	3.1 TI		<del>"""</del>			☐ Cha	ange	Addition		
NAME					3.2 N	AME	Ì				-			
STREET ADDRESS					3.3 S	TREET	ADDRESS							
CITY-ST-ZIP					3.4. 0	ITY-S	S1 - ZIP	_						
TITLE				DELETE	4.1 TI	TLE				Ch	ange	☐ Addition		
NAME					4.2 N	IAME								
STREET ADDRESS					4.3 S1	TREET	ADDRESS							
CITY-ST-ZIP					4.4 C	ITY-S	1-2IP							
TITLE				☐ DELETE	5.1 11	TLE				Ch	របចិឲ	■ Addition		
NAME					52 N	AME								
STREET ADDRESS					5 3 S	THEET	ADDRESS							
CITY-ST-ZIP							T-ZIP			<del>-</del> -				
TITLE				☐ DELETE	6.1 11		-			☐ Chi	inge	Addition		
NAME					6.2 N									
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP					6.4 CI	ITY · S	1-2IP							

14. Thereby 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 13 if changed, or on an attachment with an address.