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

DOCUMENT # P94000077171 1. Corporation Name

DURHAMS, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90103 007 ***150.00



Principal Place of Business Mailing Address			ailing Address					* 10E:100) (19)E:11 0:01: 00:11 00:11 00:11			-00, 1141 1001	
5290 N LOCKWOOD RIDGE RD SARASOTA FL 34243			6290 N LOCKWOOD RIDGE RD SARASOTA FL 34243				DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualifed 10/17/1994				
2. Principal F	Place of Business	2a	Mailing Address				4.	FEI Number		App	lied For	
1 26						- 1	65-0529639		Not	Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certifcate of Status Desired	\$8.75 Additional Fee Required			
	ty & StateCity & State						6.	Election Campaign Financing — Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country Zip Count				d. This corporation of the demand John Manager							
4	25	29	30	0				Personal Property Tax.	<u> </u>		□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
					81	Name				•		
SPOTTS, THOMAS E				}	82	Street 'Adr						
6290 N. LOCKWOOD RIDGE RD]	٠-	Sileet Add	Street Address (P.O. Box Number is Not Acceptable)						
Sarasota FL 34243					83							
				ļ	84	City		F	85	Zip C	ode	
office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Flori	da. Such change was auth	norized	by i	the corporat	poration tion's bo	n submits this statement for the purpose open of directors. I hereby accept the app	f chang pintmen	ging its r nt as reg	registered istered	
SIGNATURE			W WATER	-torion 4 f		t alegature re	and who = :	reinstation) DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12 OFFICERS AND DIRECTORS 13.					-gen	sagusture redution	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
				13.	13.			ADDITIONS/CHANGES TO OFFICERS A		hange	Addition	
TITLE	Р		□ DELETE	1.1 1161	LC					go		

SPOTTS, THOMAS E NAME 1.2 NAME 6290 N. LOCKWOOD RIDGE RD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP - Change - Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIPauce

14. I hereby certify that the information supplied with this tiling 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 supplied that 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 corpolation or the ecower or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: