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FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra P. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000080907 (6)

1. Corporation Name

THE DUVAL COMPANY, INC.

Principal Place of Business

3195 NORTH POWERLINE RD.  
SUITE 108  
POMPANO BEACH FL 33069

Mailing Address

P.O. BOX 8843  
CORAL SPRINGS FL 33075  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1994

4. FEI Number

65-0533786

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2500 NW 106 Ave

Suite, Apt. #, etc.

22

City & State

23 Coral Springs

Zip

24 FI

Country

25 33065

2a. Mailing Address

26 PO Box 8843

Suite, Apt. #, etc.

27

City & State

28 Coral Springs FL

Zip

29 33075

Country

30 USA

9. Name and Address of Current Registered Agent

PARIS, MARK  
3195 NORTH POWERLINE RD.  
SUITE 108  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

MARK PARIS

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

2500 NW 106 Ave

83

84 City

Coral Springs

FL

85 Zip Code

33065

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

TITLE DPST ☐ DELETE

NAME PARIS, MARK  
STREET ADDRESS 3195 N. POWERLINE RD., SUITE 108  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PO Box 8843

Coral Springs, FL 33075

MARK PARIS President

2500 NW 106 Ave

Coral Springs FL 33065

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.

SIGNATURE:



1-94-99

CR2E034 (10/97)