

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022533 (0)

1. Corporation Name

DUFFY INTERNATIONAL, INC.



Principal Place of Business

4540 SOUTHSIDE BLVD. STE. 7
JACKSONVILLE FL 32216

Mailing Address

4540 SOUTHSIDE BLVD. STE. 7
JACKSONVILLE FL 32216

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

4. FEI Number

59-3315576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

FLYNN, BRIAN D
4540 SOUTHSIDE BLVD. STE. 7
JACKSONVILLE FL 32216

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 or director

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

FLYNN, BRIAN D

STREET ADDRESS

4540 SOUTHSIDE BLVD. STE. 7

CITY-STATE-ZIP

JACKSONVILLE FL 32216

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

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CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Flynn

4/15/96

(904)

645-7863

CR2E034 (12/95)