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

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000057638 (5)

DUELZ ENTERPRISES, INC.

Principal Place of Business Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



314 WEST WASHINGTON STREET CHATTAHOOCHEE FL 32324		P.O. BOX SNEADS FL 32460			
				3. Date Incorporated or Qualified 07/26/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address 26 Po Box 34		4. FEI Number APPLIED FOR 59-34	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State		City & State S N E I	1DS . FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 31460 3	Country O USA	8. This corporation has liability for	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
PARSONS, STEWART E ESQ.				е	
	WEST WASHINGTON S		82 Stree	et Address (P.O. Box Number is Not Accepta	ble)
	THE TE SESE	•	83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Section	s 607,0502 and 607,1508, Florida Statutes	the above-name	ed corporation submits this statement for the	ournose 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	Stoodburg bungd or prioled name of a	egistered agent and tice if applicable (NO15)	Booletowy Appendigment	ure required when reinstating)	DATE
12.		CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	DUELZ, PIERRE C		12 NAME		
STREET ADDRESS	314 WEST WASHINGT	TON STREET	1.3 STREET ADDRES	S	
CITY-ST-ZIP	CHATTAHOOCHEE FL	. 32324	1.4 CiTY+ST-ZiP		
TITLE		☐ D£LETÉ	21 THILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	S	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 HTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	5	
CITY-ST-ZIP		☐ DELETE	3.4. CITY - ST - ZIP	- 	Chasas
TITLE NAME			4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	,	
CITY-ST-ZIP			4.3 STREET ADURES:	·	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	3	
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this thing 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.