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FILED

May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000057638 (5)

1. Corporation Name  
DUELZ ENTERPRISES, INC.



Principal Place of Business

314 WEST WASHINGTON STREET  
CHATTAHOOCHEE FL 32324

Mailing Address

P.O. BOX 34  
SNEADS FL 32460  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

59-3438767

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

2a. Mailing Address

21 8064 JOSEPH ST

26 8064 JOSEPH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SNEADS, FL

28 SNEADS, FL

Zip

Country

Zip

Country

24 32460

25 USA

29 32460

30 USA

9. Name and Address of Current Registered Agent

PARSONS, STEWART E ESQ.  
119 WEST WASHINGTON STREET  
CHATTAHOOCHEE FL 32324

81 Name

PIERRE C. DUELZ

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

83 8064 JOSEPH ST

84 City

SNEADS

FL

85 Zip Code

32460

10. Name and Address of New Registered Agent

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

*Pierre C. Duels* PD

PIERRE C. DUELZ

04/24/98

Signature, typed or printed name of registered agent as applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE D  
NAME DUELZ, PIERRE C  
STREET ADDRESS 314 WEST WASHINGTON STREET  
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD  
1.2 NAME PIERRE C. DUELZ  
1.3 STREET ADDRESS 8064 JOSEPH ST  
1.4 CITY-ST-ZIP SNEADS, FL, 32460

☐ Change ☒ Addition

2.1 TITLE ST  
2.2 NAME VICKI L DUELZ  
2.3 STREET ADDRESS 8064 JOSEPH ST  
2.4 CITY-ST-ZIP SNEADS, FL, 32460

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 *Pierre C. Duels* PD PIERRE C. DUELZ 4/24/98 8505936323

CR2E034 (10/97)