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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000059964 (3)**

1. Corporation Name

DUKE-HENRY, INC.

Principal Place of Business	Mailing Address
2018 FOREST GLEN CT. TALLAHASSEE FL 32303	2018 FOREST GLEN CT. TALLAHASSEE FL 32303

3. Date Incorporated or Qualified: 08/02/1995

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box LL	26 P.O. Box LL
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Carrabelle, FL	28 City & State: CARRABELLE, FL
24 Zip: 32322 / 25 Country	29 Zip: 32322 / 30 Country

4. FEI Number: [X] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

RAINES, DENNIS
2018 FOREST GLEN CT.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: Dennis Raines
82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box LL
83 c/o 405 4th Street
84 City: CARRABELLE FL 85 Zip Code: 32322

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: _____ 20000192292
Signature, typed or printed name of registered agent, and the date as to each

(NOTE: Registered Agent signature required for new agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	[ ] DELETE	1.1 TITLE	~~DPST~~ [ ] Change [ ] Addition
NAME	RAINES, DENNIS		1.2 NAME	~~RAINS~~
STREET ADDRESS	2018 FOREST GLEN CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	2.1 TITLE	DPST [X] Change [ ] Addition
NAME			2.2 NAME	RAINES, Dennis
STREET ADDRESS			2.3 STREET ADDRESS	P.O. Box LL
CITY-ST-ZIP			2.4 CITY-ST-ZIP	CARRABELLE, FL 32322 N/A
TITLE		[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME			3.2 NAME	NO STREET ADDRESS
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
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	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dennis C Raines Jr 4/29/96 (904)657-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/13/96