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

PROFIT CORPORATION ANNUAL REPORT



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

(407)834-0993

**1996**DOCUMENT #

P95000066610 (3)

Corporation Name

SIGNATURE: Hay

R.E. DUNCAN, INC.

Principal Place of Business	Mailing Address		1 INTIINGT IEN INIAI AITH OTH DEF	ir molet märlið drilla kelsín defn: feitil áftil (#2)
1707 DIVOT LANE SEBRING FL 33872	1707 DIVOT LANE SEBRING FL 33872			
			3. Date Incorporated or Qualified 08/25/1995	3a. Date of Last Report
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
745 Orienta Avenue	26 745 Orien	ta Avenue	59-3334255	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Suite 1191 City & State	27 Suite 119	1		Fee Required
	City & State  28 Altamonte	Springs, F1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Altamonte Springs, Fl Zip Country	Zip Zip	Country	This corporation has liability for	Added to Fees
32701 25 USA	32701	30 USA		intangible tax under si 199.032,
9. Name and Address of Current	Registered Agent	I	10. Name and Address of New I	
		81 Name	ic W. Ludwig, Esquire dress (P.O. Box Number is Not Acceptal 5 Douglas Avenue	
DUNCOAN, ROBERT E		82 Street Ac	dress (P.O. Box Number is Not Acceptal	niel .
1707 DIVOT LANE		70	5 Douglas Avenue	501
SEBRING FL 33872		83		
		84 City		es Zo Codo
			tamonte Springs,	FL   85   Zip Code   32714
I. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Stati	ites, the above named corr	poration submits this statement for the nu	roose of changing its registered office
or registered agent, or both, in the State of Florid familiar with, and accept the objications of Sect	a. Such change was author h 607.0505, Florida Statut	nzed by the corporation's bo es.	pard of directors. I hereby accept the app	ointment as registered agent. I am
GNATURE FALLS	1	Eric W. Ludwi		
Signature, speed or printed name of registered agent a		NOTE: Registered Agent signature requ		2/8/96 DATE
OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
DUNCAN, ROBERT E	₹ DECETE		DP	Change Addition
1707 DIVOT LAME		1.2 NAME	Harry Monesmith	
SERRING EL 33872		13 STREFT ADDRESS	745 Orienta Avenue, S	Suite_1191
YEST-ZIP SEDIMINOTE 33072	DELETE	14 CITY-ST-ZIP	745 Orienta Avenue, S Altamonte Springs, Fl	32701
i	∏ preceir	2 1 11111		Change Addition
M:		2 2 NAME		
REFLADURESS		2 3 STREFT ADDRESS		
1Y - S1 - 21P	DELETE	24 C/TY-ST-ZIP 3 1 TITLE		Change C Addition
ME	Ljotten			☐ Change ☐ Addition
HEFT ADDRESS		3 2 NAME		
Y-ST-ZIP		3.3 STREET ADDRESS		
.‡	□ DELETE	3.4 CITY - S1 - ZIP 4.1 THEE		☐ Change ☐ Addition
Mt		4.2 NAME		Change D Addition
HEET ACCORESS		4.3 STREET ADDRESS		
v - ST - 7IP		4.4 CITY - ST - ZIP		
LF	DELETE	5 1 TITLE		Change Addition
ME	_	5.2 NAMÉ		
HELL ADDRESS		5.3 STREET ADDRESS		
Y S'-79		5 4 CITY - ST - ZIP		
LF	☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
ME	_	62 NAME		<u></u> <u></u>
HEFF ADDRESS		63 STREET ADDRESS		
1Y-5'-7:P		64 CITY+ST-ZIP		
<ol> <li>I do hereby certify that the information supplied w certify that the information indicated on this annual order, that I am an officer or director of the corpora appears in Block 12 or Block 13 if changed, or or</li> </ol>	al report or supplemental an ation or the receiver or trust	mual report is true and accu lee empowered to execute t	rate and that my cionature chall have the	eams local offect as if made under

Harry Monesmith, President