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

**PRQFIT** CORPORATION 77



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

AN	NUAL	REPOF
	19	96

**DOCUMENT #** 1. Corporation Name

P95000068590 (5)

DUTY PETROLEUM, INC.

PALM BAY FL 32905

Pri	incipal Place of Busine	S\$	Ma	ailing Address					(10010011101010101010101000000000000000			
	3955 N.E. DIXIE HWY PALM BAY FL 32905			3955 N.E. DIXIE HV PALM BAY FL 3290								
								3.	Date Incorporated or Qualified 09/01/1995	3a, Dat	e of Las	st Report
2.	Principal Place of Bus	siness	2a.	Mailing Address				4.	FEI Number 5 9 - 3333	155		Applied For
21			26									Not Applicable
22	Suite, Apt. #, etc.		27	Suite Apt. #, etc				5.	, Certificate of Status Desired			.75 Additional ee Required
23	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution			5.00 May Be dided to Fees
24	Zip ]	Country 25	29	Ζφ	30	puntry		6	. This corporation has liability for Florida Statutes	ntangible No	tax unde	ers 199.032,
• •		me and Address of Cu	rrent Regis	tered Agent		T		10	. Name and Address of New F	egisterec	l Agent	t
	PATEL, YOGE:					81 82	•	Iress (F	P.O. Box Number is Not Acceptat	le)		

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 agent, or both, in the State of Florida. Such change was authorized by the corporation's bound of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

SIGNATURE			count At at Introduction LATE
	Ignatu et typed or printed nami, et registered agent avent tent application (2017). F  OFFICERS AND DIRECTORS	Registrated Appendisage of the leg	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DELETE	1 1 1/4 F	Change & Addition
TITLE	рин.		OGCSH TATOL
NAME		1.2 NAME	3958 NE DILLE HWG
STREET ADDRESS		L3 STREET ACORESS	San San And Control of the San
CITY-ST-ZIP		1.4 CUY - ST - ZIP	PALM BAY 1-4 32905
TITLE	DEFELE	2 1 5111.6	D. □ Change 🕒 Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	3738 NE LIUE MUY
CITY-ST-ZIP		2.4 CITY - ST- ZIP	HALM BAY FL 32903
TITLE	☐ DELETE	3 1 DfuE	☐ Change ☐ Add-tion
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4.0/TY - ST - ZIF	
TITLE	☐ DELETE	4 1 11ftE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADORESS		4,3 STREET ACCORESS	
CITY-ST-ZIP		4 4 CHTY - ST - ZIP	
TITLE	☐ DELETE	5 1 TiTLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREFT ADDRESS	
CITY-ST-ZIP		5.4 CHTY - \$1 - ZiP	
TITLE	DELETE	6 1 TILE	2000184389 <sup>99 D Addison</sup> -05/30/3601015011
NAME		6.2 NAME	-05/30/9601015011
STREET ADDRESS		6.3 STREET ADDRESS	***200.00
CITY-ST-71P		6.4 CITY - ST - ZIP	

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)(k). 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(S) 5/1/96

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Zip Code