

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000076889 (1)**
1. Corporation Name
DUF, INC.

Principal Place of Business 248 SO. NOKOMIS AVENUE VENICE FL 34284	Mailing Address PO BOX 3879 VENICE FL 34293-0130 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address P.O. Box 3879		3. Date Incorporated or Qualified 10/06/1995	
21 Suite, Apt. #, etc.	26 VENICE, FL 34293-0126	4. FEI Number 65-0613173		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LITRELL, TERRY E 248 SO. NOKOMIS AVENUE VENICE FL 34284				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUFRESNE, MARGARET Z			1.2 NAME	F. GERALD ZWERS		
STREET ADDRESS	5345 RIDGE TRAIL			1.3 STREET ADDRESS	P.O. BOX 3879		
CITY-ST-ZIP	CLARKSTON MI 48348			1.4 CITY-ST-ZIP	VENICE, FL 34293-0126		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUFRESNE, JAMES			2.2 NAME	MARY J. ZWERS		
STREET ADDRESS	5345 RIDGE TRAIL			2.3 STREET ADDRESS	P.O. BOX 3879		
CITY-ST-ZIP	CLARKSTON MI 48348			2.4 CITY-ST-ZIP	VENICE, FL 34293-0126		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LITRELL, TERRY E.			3.2 NAME			
STREET ADDRESS	PO BOX 1808			3.3 STREET ADDRESS			
CITY-ST-ZIP	VENICE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: **F. G. ZWERS P/D** 4/22/98 941-474-1681

CR2E034 (10/97)