

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

**FILED**  
**Mar 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. McHenry Secretary of State DIVISION OF CORPORATIONS
--	---	--



**DOCUMENT # P96000010990 (5)**  
 1. Corporation Name  
**RAYMOND H. DUKE ENTERPRISES, INC.**

Principal Place of Business <b>909 MAR WALT DRIVE STE 1014 FORT WALTON BEACH FL 32547</b>	Mailing Address <b>909 MAR WALT DRIVE STE 1014 FORT WALTON BEACH FL 32547-6711</b>
--	---

3. Date Incorporated or Qualified <b>02/01/1996</b>	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21. <b>209-B Lang Rd</b> Suite, Apt. #, etc.	2a. Mailing Address 26. <b>P.O. Box 1772</b> Suite, Apt. #, etc.	4. FEI Number <b>59-3362145</b>	Applied For Not Applicable
22. City & State <b>Ft Walton Bch FL</b>	27. City & State <b>Ft Walton Bch FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip <b>32547</b>	28. Zip <b>32549</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country <b>USA</b>	29. Country <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FOSTER, WILLIAM S 909 MAR WALT DRIVE STE 1014 FORT WALTON BEACH FL 32547</b>	10. Name and Address of New Registered Agent 81. Name <b>Raymond H Duke</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>209-B Lang Rd 1068 Windmill Dr</b> 83. City <b>Ft Walton Bch FL</b> 84. Zip Code <b>32547</b>
--	---

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: **Raymond H. Duke Pres** *Raymond H. Duke Pres* **2/12/97**  
 DATE: **2/12/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	<b>D DUKE, MARGARET A POST OFFICE BOX 1772 N/A FORT WALTON BEACH FL 32549</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>1068 Windmill Dr</b>
CITY- ST- ZIP		1.4 CITY- ST- ZIP	<b>Ft Walton Bch FL 32547</b>
TITLE <input type="checkbox"/> DELETE	<b>Raymond H Duke, Pres</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS	<b>P.O. Box 1772</b>	2.3 STREET ADDRESS	<b>1068 Windmill Dr</b>
CITY- ST- ZIP	<b>Ft Walton Bch FL 32549-1772</b>	2.4 CITY- ST- ZIP	<b>Ft Walton Bch FL 32547</b>
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		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 do 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: **Raymond H. Duke Pres** *Raymond H. Duke Pres* **2/12/97** **904-862-9012**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Phone #

CR2E034 (9/96)