

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000010990 (5)**

1. Corporation Name  
**RAYMOND H. DUKE ENTERPRISES, INC.**



Principal Place of Business 209-B LANE RD. STE 1014 FORT WALTON BEACH FL 32547 US	Mailing Address PO BOX 1772 STE 1014 FORT WALTON BEACH FL 32547 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 137 Patrick Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 1772 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/01/1996	4. FEI Number 59-3362145	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State Fort Walton Beach FL	28 City & State Fort Walton Bch FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip 32547	25 Country USA	29 Zip 32549	30 Country USA	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 RAYMOND H. DUKE 909 MAR WALT DRIVE 1068 WINDMILL DR. FORT WALTON BEACH FL 32547		10. Name and Address of New Registered Agent		
81 Name Raymond H Duke	82 Street Address (P.O. Box Number is Not Acceptable) 1068 Windmill Dr	83 (P.O. Box 1772, FWB FL 32549)	84 City Fort Walton Beach FL	85 Zip Code 32547

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DUKE, MARGARET A 1068 WINDMILL DR. FORT WALTON BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	RAYMOND H. DUKE 1068 WINDMILL DR. FT. WALTON BCH FL	1.2 NAME	
TITLE		1.3 STREET ADDRESS	
TITLE		1.4 CITY - ST - ZIP	32547
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY - ST - ZIP	32547
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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: *RAYMOND H. DUKE* *Raymond H Duke* 4-28-98

CR2E034 (10/97)