FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90005 023 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029912 1. Corporation Name

DUKE & DUKE ASSOCIATES, INC.

Principal Place of Business Mailing Address								A COURTOON TO THE TOTAL DESIGN WHICH	I OBSILI DONILI DONILO	11818 1811 8 1 811	E 11010 1161 1901	
3405 E STÄGECOACH TRAIL			3405 E STAGECOACH TRAIL									
INVERNESS FL 34452			INVERNESS FL 33452									
US			US				DO NOT WRITE IN THIS SPACE					
	•						,	Date Incorporated or Qualification (December 2014) Date of the Property of the	ed			
2. Principal F	Place of Business	2a.	Mailing Address	-			4. F	El Number		A	pplied For	
21			26				6	55-0656324		N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75	Additional	
22			27				3. 0	Pertilicate of Status Desired		Fee R	equired	
City & State			City & State				6. E	lection Campaign Financir	 Ig	\$5.00	May Be	
23			28				т т	Trust Fund Contribution Added to Fees				
Zip	Country		Žip	Cour	ntry		8. 1	his corporation owes the c	urrent year Int		<u> </u>	
24	25	29	:	30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registe	ered Agent				10. 1	Name and Address of Nev	v Registered	Agent		
4.101.4	CLICANNE				81	Name						
HILL, SUSANNE				82 Street Add			Address (P.C	D. Box Number is Not Acce	ptable)			
3405 E STAGECOACH TRAIL			ļ				, , , , , , , , , , , , , , , , , , , ,					
INVE	ERNESS FL 34452			ĺ	83							
				ŀ	84	City				85 Zip	Code	
						•			FL	. `		
11. Pursuant	to the provisions of Sections 607.0502	and 60	7.1508, Florida Statute:	s, the ab	ove	-named	corporation s	submits this statement for t	he purpose of	changing its	s registered	
office or r	registered agent, or both, in the State o am familiar with, and accept the obligati	r Fiorida ons of, S	i. Such change was au Section 607.0505, Flori	inorizeo da Statu	טע tes.	tne corpo	oration's boar	rd of directors. I fiereby ac	cept tile appoi	inineni as ri	sylstered	
SIGNATURE	Sus and		in						1199,		1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if a	applicable. (NOTE: F	Registered /	gent	signature re	required when rein					
12.	OFFICERS AND	DIREC		13.			AE	DITIONS/CHANGES TO	OFFICERS AN			
TITLE	PSTD		☐ DELETE	1,1 TITI	E.					Change	Addition	
NAME	HILL, MICKEY L			1.2 NA	ΑE							
STREET ADDRESS			1.3 ST			1.3 STREET ADDRESS					ļ	
CITY-ST-ZIP	INVERNESS FL 34452			1.4 CIT	Y-ST	-ZIP						
TITLE	VP		☐ DELETE 2.1 TII			2.1 TITLE				Change	☐ Addition	
NAME	HILL, SUSANNE			2.2 NAI	ME						ļ	
STREET ADDRESS	3405 E STAGECOACH TRAIL			2.3 STR	REET	ADDRESS	<u> </u>		_		{	
CITY-ST-ZIP	INVERNESS FL 34452			2. 4 CIT	Y-ST	r-zip		·				
TITLE	S		DELETE	3.1 TITI	£					Change Change	☐ Addition	
NAME	KEY, JEAN V			3.2 NA	ИE							
STREET ADDRESS				3.3 STF	REET.	ADDRESS						
CITY-ST-ZIP	INVERNESS FL 34452			3.4. CIT	Y-ST	r-ziP						
TITLE	72		☐ DELETE	4.1 TI∏	.E					Change	Addition	
NAME				4. 2 NA	ME						}	
STREET ADDRESS				4.3 STF	REET	ADDRESS					1	
CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP						
TITLE			☐ DELETE	5.1 TITU	E					Change	☐ Addition	
NAME				5.2 NA	ΛE	1	1				ļ	
STREET ADDRESS				5.3 STF	EET.	ADDRESS						
CITY-ST-ZIP				5.4 CIT	Y-ST	-ZIP						
TITLE			☐ DELETE	6.1 TITI	Æ				•	Change	☐ Addition	
NAME				6.2 NA	ИĚ						į	
STREET ADDRESS				6.3 STF	REET	address						
				_							1	

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 in supplemental armual reports 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 confortion or the receiver or trutted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or or an attactment with an address, with all other like empowered. SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #