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

CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 AUG 14 AH 8: 12 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P 96000039103 1. Corporation Name DON DUNCAN CONSTRUCTION INC. Principal Place of Business Mailing Address 285 SE SANDIA DRIVE 285 SE SANDIA DRIVE PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34983 Date Incorporated or Qualified 05/05/1996 2. Principal Place of Business 2a. Mailing Address FEI Number 59-3393976 Applied For 21 26 Not Applicable Suite, Apt. #, elc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State Election Campaign Einancing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. X Yes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name DON DUNCAN 285 SE SANDIA DRIVE Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE, FL 34983 -08/20/3<u>8</u>--01085--010 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statulos, 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 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. 4/13/98 <Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS CR2E034 (10/97 TITLE DELETE 1.1 TITLE Change Addition DUNCAN, DONALD **1.2 NAME** NAME STREET ADDRESS 1.3 STREET ADDRESS CITY . ST . ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY . ST . ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Add.tion 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition **6.2 NAME** NAME STREET, ADDRESS 5.3 STREET ADDRESS CITY . ST . ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY . ST - ZIP 6.4 CITY - ST - ZIP 14. I heroby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 561-285-2951 SIGNATURE:

FLORIDA DEPARTMENT OF STATE