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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065196 (3)

1. Corporation Name
DURANGO EAST II, INC.



Principal Place of Business

6767 N. WICKHAM RD.
MELBOURNE FL 32940

Mailing Address

6767 N. WICKHAM RD.
MELBOURNE FL 32940-2031

3. Date Incorporated or Qualified
07/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 #400

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 #400

28 City & State

29 Zip

30 Country

4. FEI Number

59-3896827

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

POORE, DAVID W
6767 N. WICKHAM RD.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME POORE, DAVID W
STREET ADDRESS 6767 N. WICKHAM RD. #400
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME POORE, SANDRA L
STREET ADDRESS 6767 N. WICKHAM RD. #400
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ALAN CLARK
STREET ADDRESS 1835 OLD BARTONEAVERD ADDITION
CITY-ST-ZIP BARTON, FL 33830

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME MARTIN GAYDAN
1.3 STREET ADDRESS 3390-B N. COURTENAY PARKWAY
1.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME JOHN E DAVIS
2.3 STREET ADDRESS 370 BAYTREE DRWG
2.4 CITY-ST-ZIP MELBOURNE, FL 32940

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME CATHERINE DAVIS
3.3 STREET ADDRESS 370 BAYTREE DRIVE
3.4 CITY-ST-ZIP MELBOURNE, FL 32940

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME JOHN N. SPENIA
4.3 STREET ADDRESS P.O. BOX 40 N/A
4.4 CITY-ST-ZIP HIGHLAND CITY, FL 33846

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME JOHN A. BRASWELL
5.3 STREET ADDRESS P.O. 1540 N/A
5.4 CITY-ST-ZIP HIGHLAND CITY FL 33846

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME SCOTT BLANKENSHIP
6.3 STREET ADDRESS 4709 WESTWIND DR.
6.4 CITY-ST-ZIP PLANT CITY, FL 33567

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 in an attachment with an address.

SIGNATURE:

DAVID W. POORE
DATE 1-29-97 DAYTIME PHONE 407-255-2934

0105180

CR2E034 (9/96)