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PROFIT •
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102201 (6)

LUKOW DURFEE COMPANIES, INC. Mailing Address Principal Place of Business 15824 NOTTING HILL DRIVE 15924 NOTTING HILL DRIVE LUTZ FL 33549 LUTZ FL 33549-6182 3. Date Incorporated or Qualified 3a. Date of Last Report 12/16/1996 2, Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3422116 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Avo 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DURFEE, CLARK 15924 NOTTING HILL DRIVE Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** 83 84 Zip Code 85 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 rure. Typed or pumbet name of registored agent and lifle 4 applicable. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE VICE PRES. ☐ Change ■ Addition HILL PRESIDENT 1.3 TITLE CLARK DURFEE EULONE LUKOW 1.2 NAME NAME 18107 PERCENINES PERCH #104 15924 NOTTINGHILL DR. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-S1-ZIF DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME HAME STREET ACCRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY ST-ZP DELETE 3.1 TITLE Change Addition TILE 3.2 NAME NAME STREET ACOURTS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-SI-7P DELETE Change Addition HILE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY: \$1:ZP DELETE 5.1 TITLE Change Addition THE 400002127634 -03/28/97--01120--049 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***173.75 5.4 CITY-\$T-ZIP CITY ST-ZIP DELETE Title 6.1 THILE NAME 6.2 NAME 6.9 STREET ADDRESS STREET ADDIESS

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 cath; that I am an officer or director of the propagation 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 propagation or on an attractment with an address

6.4 CITY-ST-ZIP

SIGNATURE: X

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813-961-4492

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FILED

Mar 28 1997 8:00am

Secretary of State