

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am
 Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1998



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

DOCUMENT # P97000002155 (4)

1. Corporation Name
 DUNCO MANUFACTURING, INC.



Principal Place of Business

2282 STOKES RD
 LAUREL HILL FL 32567

Mailing Address

2282 STOKES RD
 LAUREL HILL FL 32567

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8282 Stokes Rd
 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 156
 Suite, Apt. #, etc.

22 City & State

23 Laurel Hill, Fl.
 Zip Country

24 32567

25 Oka.

27 City & State

28 Laurel Hill, Fl.
 Zip Country

29 32567

30 Oka.

9. Name and Address of Current Registered Agent

DAVIS, BECKY
 2282 STOKES RD
 LAUREL HILL FL 32567

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

59-3417711

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

B. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

81 Name DAVIS, Becky
 82 Street Address (P.O. Box Number is Not Acceptable)
 8282 Stokes Rd
 83
 84 City Laurel Hill FL 85 Zip Code 32567

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres	DELETE
NAME	Becky DAVIS	
STREET ADDRESS	8282 Stokes Rd.	
CITY-STATE-ZIP	Laurel Hill, Fl. 32567	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

100002644081
 -09/21/98--01005--027
 ***550.00

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: Becky Davis Pres.

8-3-98 89-34177-4705

CR2E034 (5/98)