

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000069033 (3)
 1. Corporation Name
DUVAL ENTERPRISES, INC.



Principal Place of Business 37708 TRILBY ROAD DADE CITY FL 33523	Mailing Address 37708 TRILBY ROAD DADE CITY FL 33523
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8045 Lakeside, DR.	26 8045 Lakeside, DR.			08/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0772871	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Yalaha, FL.		Yalaha, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	Country	28 Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
34797-3158	Lake	34797-3158	Lake		

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COBB, SANDRA B 37708 TRILBY ROAD DADE CITY FL 33523				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sandra B Cobb			1.2 NAME			
STREET ADDRESS	8045 Lakeside, DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	Yalaha, FL. 34797-3158			1.4 CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sandra B. Cobb			2.2 NAME			
STREET ADDRESS	8045 Lakeside, DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Yalaha, FL. 34797-3158			2.4 CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sandra B. Cobb			3.2 NAME			
STREET ADDRESS	8045 Lakeside, DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	Yalaha, FL. 34797-3158			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Sandra B Cobb* **Sandra B Cobb** "D" 2-10-98 252-324-2430

CP2E034 (10/97)