PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700069092

Country

1. Corporation Name

DUNCAN FIRST VENTURES, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

68 PELICAN PLACE CLEARWATER FL 33756

23

24

Zip

68 PELICAN PLACE CLEARWATER FL 33756

2a. Mailing Address

Suite, Apt. #, etc.

May 11, 1999 8:00 am Secretary of State

05-11-1999 90039 022 ***150.00

	1 (62)(65) 114 (6)(1) (56)1 56/1 46/1			
	DO NOT WRI	TE <u>IN TH</u>	IS SPACE	
3.	Date Incorporated or Qualifed 08/08/1997			
4.	FEI Number		Applied For	
	59-3467685		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	
	This corporation owes the current year Intangible			

25 U J P 29 33 / 10	[30]	يا	104_	Personal Property Fax.		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
DUNCAN, LINDA L		81	Name			
68 PELICAN PLACE			Street Addre	ss (P.O. Box Number is Not Acceptable	e)	
CLEARWATER FL 33756		83				
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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.

Country

SIGNATURE	A-8-2- 0		popured when rejostating) DATE
	,,,,	gistered Agent signature re	adonte men jemenny
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	DUNCAN, LINDA L	1.2 NAME	
STREET ADDRESS	68 PELICAN PLACE 18 DC 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNCAN, LINDA L 68 PELICAN PLACE 1872 CLEARWATER FL 33756 Largo FL 33770	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	□ DELETE	31 TMLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS	j	5.3 STREET ADDRESS	,
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ 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 an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING

CR2E034 (11/98)