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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED

May 14 1998 8:00am

Secretary of State

DIVISION OF CORPORATIONS

1**9**98

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental enrural report is true and officer or director of the corporation or the region or trustee empowers.

unicer or airector of the corporation of the receiver or trusts em Block 12 or Block 13 if changed, or on an illaghment with an ex-

P97000105066 (9) DOCUMENT #

DUPUIS - FLORIDA ASSOCIATES. INC.

Principal Place of Business Mailing Address 6620 SOUTHPOINT DRIVE S. 6620 SOUTHPOINT DRIVE S. #300 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/11/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due Jurie 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEFFEY, FRED H . 6620 SOUTHPOINT DRIVE S. 82 Street Address (P.O. Box Number is Not Acceptable) #300 В3 JACKSONVILLE FL 32216 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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 (NOTL: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OF RS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change ___ Addition PETWAY, THOMAS F NAME 1.2 NAME P.O. DRAWER 10197 STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL 32247 CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE TITLE 2.1 TITLE Change Addition Kesler, Delores P NAME 2.2 NAME 10407 CENTURION PARKWAY N. #101 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256-0526 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-76 3.4. CITY - ST- ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 61 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

persomption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under eath; that I am an outpithis report as required by Chapter 607, Florida Statutes, and that my name appears in

stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information