PROFIT ... CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jun 10, 1999 8:00 am Secretary of State

06-10-1999 90023 043 ***550.00

DOCUMENT # **P97000106076**1. Corporation Name

J.R. DUKEMAN, INC.

Principal Place of Business

Mailing Address

Principal Place of Business		Mailing Addres	Walling Address					
4009 SO. MCC	·· -	4009 SO. MCCA				1		
ENGLEWOOD F	FL 34224	ENGLEWOOD F	L 34224			DO NOT WRITE IN TH	IS SPACE	
						3. Date incorporated or Qualifed		
						12/17/1997		
9 Deinainal B	llogo of Business	2a. Mailing Add	tress			4. FEI Number	I A	oplied For
<u></u>			¬ ·			65-0800334	<u> </u>	ot Applicable
21	4 -1-	26 Suite Ant	# ato			00 0000004		Additional
Suite, Apt.	#, etc.	⊢ ¬	Suite, Apt. #, etc.		5. Certifcate of Status Desired		equired	
22		City & Stat				5.5)		`
City & Stat	te	———— ´	City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
23	0	28		Country				10 1 063
Zip ─_	Country	Zip	r -	٦ .	y	8. This corporation owes the current year	ntangible Yes	□No
24	25	[29]	30	·L		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curr	rent Registered Agen	<u> </u>	81	Name	10. Name and Address of New Registers	u Agent	
DUIV	(EMAN, J.R.			, ,	Name			
	· · · · · · · · · · · · · · · · · · ·			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
	9 SO. MCCALL ROAD			_	<u> </u>		<u></u>	
ENG	GLEWOOD FL 34224			83	3			
				84	City		. 85 Zip	Code
				"	City	F	L " - F	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
12.	Signature, typed or printed name of registered a OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
LILTE	D	L	DELETE	1.1 TITLE			Change	Additio
NAME	DUKEMAN, J.R.			1.2 NAME				
STREET ADDRESS			i	1.3 STREE	TADORESS			
CITY-ST-ZIP	ENGLEWOOD FL 34224			1.4 CITY-5	ST-ZIP			F7
TITLE			DELETE	2.1 TITLE			Change	Additio
NAME				2.2 NAME	1			
STREET ADDRESS				2.3 STREE	T ADDRESS			
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change	Additio
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	ET ADDRESS			
CITY-ST-ZIP			j	3.4. CITY-	ST-ZIP			
TITLE								Addition
NAME			DELETE	4.1 TITLE	1		☐ Change	
STREET ADDRESS			DELETE	4.1 IIILE 4.2 NAME			☐ Change	
	;		DELETE	4. 2 NAME	ET ADORESS		☐ Change	
CITY-ST-ZIP			DELETE	4. 2 NAME	ET ADDRESS		☐ Change	
CITY-ST-ZIP			DELETE	4. 2 NAME 4.3 STREE	ET ADDRESS		☐ Change	☐ Additio
				4. 2 NAME 4.3 STREE 4.4 CITY-1	ST-ZiP			☐ Additio
TITLE NAME				4. 2 NAME 4.3 STREE 4.4 CITY-3 5.1 TITLE 5.2 NAME	ST-ZiP			☐ Additio
TITLE NAME STREET ADDRESS				4. 2 NAME 4.3 STREE 4.4 CITY-3 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS			☐ Additic
TITLE NAME				4. 2 NAME 4.3 STREE 4.4 C/TY-5 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	4. 2 NAME 4.3 STREE 4.4 CHY-3 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CHY-3	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	4. 2 NAME 4.3 STREE 4.4 CITY-3 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-3 6.1 TITLE 6.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		☐ Change	☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Lenis Phelina

5-18-59 g.

94/-434-7787 Paytime Phone # CR2E034 (11/98)