

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000032807**

1. Corporation Name
JOHN DUFF, INC.

Principal Place of Business
**317 ELMWOOD AVENUE
LEHIGH ACRES FL 33936**

Mailing Address
**317 ELMWOOD AVENUE
LEHIGH ACRES FL 33936**

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90009 024 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1998

4. FEI Number

65-0831643

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

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **865 Geneva St.**

Suite, Apt. #, etc.

22

City & State

23 **Lehigh, FL.**

Zip

24 **33936**

Country

25 **Lee**

2a. Mailing Address

26 **865 Geneva St.**

Suite, Apt. #, etc.

27

City & State

28 **Lehigh, FL.**

Zip

29 **33936**

Country

30 **Lee**

9. Name and Address of Current Registered Agent

**DUFF, JOHN
317 ELMWOOD AVENUE
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name

Duff, John

82 Street Address (P.O. Box Number is Not Acceptable)

865 Geneva St

83

84 City

Lehigh, FL.

FL

85 Zip Code

33936

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DUFF, JOHN**

STREET ADDRESS **317 ELMWOOD AVENUE
LEHIGH ACRES FL 33936**

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-12-99

Date

941-940-1752

Daytime Phone #

CR2E034 (5/99)