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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V04730**

(0)

1. Corporation Name

DUCKWORTH SERVICES, INC.



Principal Place of Business

**1032 HYDE PARK ROAD
LOXAHATCHEE FL 33470**

Mailing Address

**1032 HYDE PARK ROAD
LOXAHATCHEE FL 33470**

2. Principal Place of Business

21

Subs. Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Subs. Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**DUCKWORTH, JEANNE M.
1032 HYDE PARK ROAD
LOXAHATCHEE FL 33470**

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

**DUCKWORTH, JEANNE M.
1032 HYDE PARK ROAD
LOXAHATCHEE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

D

**DUCKWORTH, ALAN S.
1032 HYDE PARK ROAD
LOXAHATCHEE FL**

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

☐ Change ☐ Addition

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SIGNATURE:

Jeanne M. Duckworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEANNE M. DUCKWORTH

3/21/96

407-793-3938
Telephone #

CR2E034 (12/95)