## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

MCDUFFIE ENTERPRISES, INC.

**FILED** May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 523 E. BROWNLEE ST. 523 E. BROWNLEE ST. STARKE FL 32091 STARKE FL 32091 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1992 2. Principal Place of Business Applied For 2a. Mailing Address 4, FEI Number 21 <u>59-3172707</u> Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MITCHELL, MAMIE L. 998 LAMAR Street Address (P.O. Box Number is Not Acceptable) 82 STARKE FL 32091 83 City 84 85 Zip Code 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, typerfor printed name of registered agent and to elif applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 DTU Change MITCHELL, MAMIE L NAME 1.2 NAME 998 LEMAR ST. STREET ADDRESS 1.3 STREET ADDRESS **STARKE FL 32091** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MITCHELL, SIMON 998 LAMAR ST. STREET ADDRESS 2.3 STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP 2.4 CITY - ST - ZIP GM/D DELETE ☐ Change Addition 3.1 HITLE MCDUFFIE, MICHAEL NAME 3.2 NAME 523 E. BROWN LEE ST. STREET ADDRESS 3.3 STREET ADDRESS STARKE FL 32091 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE JUDGE, SADIE L NAME 4 2 NAME 5614 12TH AVE S. STREET ADDRESS 43 STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP 4.4 CITY - ST - 7JP DELETE 5.1 TITLE Change Addition TITLE JUDGE, ALLEN NAME 5.2 NAME 5614 12TH AVE. S. STREET ADDRESS 5.3 STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 of 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.

5-1-98