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

CITY-ST-ZIP

SIGNATURE:

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (4) DIANE A. DUKE, INC. Principal Place of Business Mailing Address 5 SPRING LAKE PLACE 5 SPRING LAKE PLACE OCALA FL 34472 OCALA FL 34472 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3151327 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DUKE, DIANE A. **5 SPRING LAKE PLACE** Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34472 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition DUKE, DIANE A. NAME 1.2 NAME **5 SPRING LAKE PLACE** STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 34472 1.4 City-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DUKE, DIANE A. 2.2 NAME NAME **5 SPRING LAKE PLACE** STREET ADDRESS 2.3 STREET ADDRESS **OCALA FL 34472** 2 4 CITY-ST-ZIP CITY-ST-ZIP DÉLETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

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, of on an attachment with an address.

FILED