

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V71840** (5)

1. Corporation Name

DUKE KINTZ DESIGNS, INC.



Principal Place of Business

Mailing Address

5176 STERLING DR
BLDG #024
TAMPA FL 33647
US

5176 STERLING MANOR DRIVE
GTE-AA
TAMPA FL 33647
US

3. Date Incorporated or Qualified
08/13/1992

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **5176 Sterling Manor Dr.**

26 **5176 Sterling Manor Dr.**

4. FEI Number

59-3149703

Applied For
Not Applicable

5. Certificate of Status Desired

NA

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

NA

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 **Tampa FL.**

28 **Tampa FL.**

Zip

Country

Zip

Country

24 **33647**

25 **U.S.**

29 **33647**

30 **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OWENS, PARKER L.
4819 EAST BUSCH BLVD.
SUITE 201
TAMPA FL 33617**

81 Name

NA

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

NA

83

NA

84 City

NA

FL 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. Thereby 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 in block, last name and first name only.

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **KINTZ, RICHARD E., JR.**
STREET ADDRESS **5176 STERLING MANOR DR.**
CITY-ST-ZIP **TAMPA FL**

11 TITLE ☐ Change ☐ Addition
12 NAME **NA**
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KINTZ, LAURA A.**
STREET ADDRESS **5176 STERLING MANOR DRIVE**
CITY-ST-ZIP **TAMPA FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an initial report with an address.

SIGNATURE: **X Richard E. Kintz Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

813-987-5541

CR2E034 (3/96)