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

## PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 10 1997 8:00am

Secretary of State

0528005

Secretary of State
DIVISION OF CORPORATIONS

(4)

Mailing Address

DOCUMENT # K65780

DOUBLE M, INC.

Principal Place of Business

16931 W LA HWY 335 ABBEVILLE LA 70610 US		16931 W LAN WAY SUITE 335 ABBEVILLE LA 70510 US			3. Date Incorporated or Qualified 02/06/1989	3a. Date of Last Report 05/01/1996			
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		1/	Applied For
21		26	26			65-0097067		1	Not Applicable
Suite, Apt #	¥, etc	Suite, Apt. #, etc.	<del> </del>			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23		City & State				Election Campaign Financing     Trust Fund Contribution			0 May Be 3 to Fees
Zip	Country	Zφ	Co	untry	,	8. This corporation has liability for	ntangible t	ax under	s. 199.032,
24	25	29	30	· ····			Yes _		
	9. Name and Address of Curre	ent Registered Agent		<del> </del>	T	10. Name and Address of New Re	gistered A	gent	
	ONALD, BRUCE A.			81	Name				
4300 BAYOU BLVD					82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 13									
PENS	ACOLA FL 32503			83					
				84	City			85 Zij	Code
				L			FL		
SIGNATURE	n lamiliar with, and accept the obli- Signa we spector printed name of registers a	gert and tile if applicable. (I	NOTE Registere			equired when reinstating)	DATE		
12.		ND DIRECTORS	13.		—	ADDITIONS/CHANGES TO OFFIC			
	DV	DELETE	1.11		1			Change	Addition
I	MARCEAUX, WAYNE		1.2 N						
	16931 W LA HWY 335		1.3 S	TREET	ADDRESS				
	ABBEVILLE LA	T DELETE			ST-ZIP			<b>—</b> —	
I	TS AMPORALLY ORVETAL	☐ DELETE	2.1 1		1			Change	Addition
	MARCEAUX, CRYSTAL		T	IAME					
	16931 W LA HW 335	. h	1		I ADDRESS				
	LOUISVILLE FL Abbeville			••••	ST-ZIP			Change	Addition
TITLE		☐ DELETE	3.1 7		ł			Change	Addition
NAME			- 1	IAME					
STREET ADDRESS					ADDRESS				
CITY+ST-ZIP		DELETE	3.4. 0 4.1 T		ST-ZIP	·····		Change	Addition
NAME		C) profit		NAME	1			Onding	r La Hadanon
STREET ADDRESS					ADORESS				
CITY - ST- ZIP					ST - ZIP				
TITLE		DELETE	5.1 7		71-21	······································		Change	Addition
NAME				IAME	1			•	
STREET ADORESS			1		T ADDRESS				
CHY-ST-ZIP					ST-ZIP				
TITLE		DELETE	6.1 7					Change	Addition
NAME			6.2 1	IAME					
STREET ADDRESS			6.3 \$	TREET	I ADDRESS				
CITY-ST-ZIF					ST-ZIP				
14. I do hereb	y certify that the information suppli	ed with this filing does not q	ualify for the	exe	emption st	ated in Section 119.07(3)(i), Florida Statute	s. I further	certify th	at the
I am an of	licer or director of the corporation in Block 12 or Block 13 if changed,	or the receiver or trustee emp	powered to	6x60	oute this re	that my signature shall have the same lega port as required by Chapter 607, Florida S			