

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:46

DOCUMENT # **P94000025253 (3)**

1. Corporation Name

DOUBLE PLAY INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

6770 PELICAN BAY BLD.
STE. 224
NAPLES FL 33963

6770 PELICAN BAY BLD.
STE. 224
NAPLES FL 33963

3. Date Incorporated or Qualified: **03/29/1994**
3a. Date of Last Report: **N/A**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

4. FEI Number: **65-0482218**
Applied For: Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

25 Country

29 Zip Country

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEBER, BRYAN L
6770 PELICAN BAY BLD.
STE. 224
NAPLES FL 33963**

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 607.1508, 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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **WEBER, BRYAN L**
STREET ADDRESS: **6770 PELICAN BAY BLD.**
CITY-STATE-ZIP: **NAPLES FL 33963**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE: **D**
NAME: **NICEWONDER, J D**
STREET ADDRESS: **6770 PELICAN BAY BLD.**
CITY-STATE-ZIP: **NAPLES FL 33963**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information indicated on this 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; that I am a resident of the State of Florida; 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; that I am a resident of the State of Florida; 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; that I am a resident of the State of Florida; and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Bryan L. Weber

1/14/95 813-643-4311