

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90035 041 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000025253**

1. Corporation Name  
**DOUBLE PLAY INVESTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**6770 PELICAN BAY BLD.**  
 STE 224  
**NAPLES FL 34108**  
 US

Mailing Address  
**6770 PELICAN BAY BLD.**  
 STE-224  
**NAPLES FL 34108**  
 US

3. Date Incorporated or Qualified  
**03/29/1994**

2. Principal Place of Business  
 21 **95 Ponte Vedra Colony**

2a. Mailing Address  
 26 **95 Ponte Vedra Colony**

4. FEI Number  
**65-0482218**

Applied For  
 Yes  
 Not Applicable

Suite, Apt. #, etc.  
 22

City & State  
 23 **Ponte Vedra Beach, FL**

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

City & State  
 28 **Ponte Vedra Beach, FL**

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

Zip  
 24 **32082** Country  
 25 **USA**

Zip  
 29 **32082** Country  
 30 **USA**

8. This corporation owes the current year intangible Personal Property Tax.  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 34108**

*change address →*

81 Name **(Same)**

82 Street Address (P.O. Box Number is Not Acceptable)  
**95 Ponte Vedra Colony**

83

84 City **Ponte Vedra Beach** FL 85 Zip Code **32082**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBER, BRYAN L</b>	1.2 NAME	
STREET ADDRESS	<b>6770 PELICAN BAY BLD.</b> <i>change address →</i>	1.3 STREET ADDRESS	<b>95 Ponte Vedra Colony</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	<b>Ponte Vedra Beach FL 32082</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICEWONDER, J D</b>	2.2 NAME	
STREET ADDRESS	<b>6770 PELICAN BAY BLD.</b> <i>change address →</i>	2.3 STREET ADDRESS	<b>1488 Bristol E. Rd.</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>Bristol, VA 24201</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Bryan L Weber** Director **3-3-99** **904-562-9500**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)