PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000108531

## FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90098 046 \*\*\*150.00

DDF CO	nsulting group, inc.											
Principal Place	e of Business	Ma	ailing Address		-		$\dashv$	19811981   18 1911   1881   1891		F4 16101 01193		
107-A EDWARDS ROAD 107-A EDWARDS ROAD							Į					
STARKE FL 32091 STARKE FL 32091												
							ļ	DO NOT WRIT	E IN THIS S	PACE_		ı
							}	3, Date Incorporated or Qualifed			İ	ļ
								01/01/1998			-11-4	ı
2. Principal Place of Business			2a. Mailing Address					4. FEI Number 59-3483199		<b>→</b>	plied For	l
21			Suite, Apt. #, etc.					31-310011		\$8.75	t Applicable	l
Suite, Apt. #, etc.								<ol><li>Certificate of Status Desired</li></ol>		Fee Re		!
City & State			City & State					-6:-Election:Campaign-Financing-			May Be	-
23			28					Trust Fund Contribution		Added 1		
Zip Country			Zip Country					8. This corporation owes the curre	nt vear Intai	ngible		l
24	25	29		30	·			Personal Property Tax.		Yes	□No	l
9. Name and Address of Current Registered Agent								10. Name and Address of New R	gistered A	gent		l
-					81	Name						l
	DY, DUDLEY P				82	Street	Δddrae	s (P.O. Box Number is Not Acceptal	ole)			l
	n temple ave				02	000007	-100103	S (1.6. Box Humber to Her Hessphan				
STAI	RKE FL 32091				83							i
					84	City		<del></del>		85 Zip (	ode	l
					04	City			FL	00  2.1	,,,,,	ŀ
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or rn familiar with, and accept the obligat	of Floric	da. Such change was a , Section 607.0505, Flo	uthorize orida Stat	d by utes	the corpo	oration'	s board of directors. I hereby accept	tne appoin	ment as re	gistered	
	Signature, typed or printed name of registered agen				l Agen	nt signature re	equired w	hen reinstating) ADDITIONS/CHANGES TO OFF	DATE AND	DIRECTO	DS IN 12	ĺ
12.	OFFICERS AND DIRECTORS 13.		TI E		P	ADDITIONS/CHANGES TO OFF	ICERS AND	☐ Change	Addition	1		
TITLE								ra L. Douglas				
NAME	}					TADDRESS	107	A Edwards Rd.				1 8
STREET ADDRESS								We, FL 3209,				Š
CITY-ST-ZIP	<del></del>		DELETE 2.1 T				VP	<u> </u>		☐ Change	Addition	(
			<b>3</b>				Ċà	1 E. Douglas		_ •		ĺ
NAME CERTAINDRESS						3 STREET ADDRESS LO		1A Edwards Rd.				l
STREET ADDRESS						T-ZIP		1/Ke, PL 32091				l
CITY-ST-ZIP TITLE			☐ DELETE	3,1 Π		;1°21r	31			☐ Change	Addition	l
NAME			3.2 N		ļ		rold C Farnswort	1.1			1	
STREET ADDRESS	3.38				TADDRESS		A Edwards Rd.					
CITY-ST-ZIP						ST-ZIP		arke, FL 32091				
TITLE	-		☐ DELETE	4.1 TI			- ,,,			☐ Change	Addition	İ
NAME				4, 2 N	AME	ļ						ì
STREET ADDRESS				4.3 \$	TREE1	T ADDRESS						
CITY-ST-ZIP				4.4 CITY-ST-ZIP								
TITLE				4.4 C		T-ZIP						
	Į.		☐ DELETE	4.4 C 5.1 TI	TY-S	T-ZIP	<del></del>			☐ Change	Addition	
NAME			☐ DELETE	_	TY-S'	T-21P			-	Change	Addition	
NAME STREET ADDRESS			☐ DELETE	5,1 TI 5,2 N	TY-S' TLE AME	T-ZIP T ADDRESS				☐ Change	Addition	<u>.</u>
STREET ADDRESS			☐ DELETE	5.1 TI 5.2 N 5.3 S	TY-S' TLE AME TREE1					☐ Change	Addition	
			☐ DELETE	5.1 TI 5.2 N 5.3 S	TY-S' TLE AME TREET	T ADDRESS				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				5.1 TI 5.2 N 5.3 S 5.4 C	TY-S' TLE AME TREET TY-S' TLE	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLE				5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	TY-S'TLE AME TREET TY-S'TLE AME	T 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, or on an affachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

904-966-0344

Daytime Phone #