

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 31 AM 9:24

DOCUMENT # **P98000042013**

1. Corporation Name
Double J Construction, Inc

Principal Place of Business Mailing Address
*1125 Mallory Dr ← same AS
Bradenton, FL 34209*

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		5. Certificate of Status Desired	
State, Apt # etc		State, Apt # etc		5/7/98		65-0836543		<input type="checkbox"/>	
City & State		City & State		Applied For Not Applicable		6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
Zip		Zip		Country		Country		<input type="checkbox"/>	
Country		Country		Yes		No		\$5.00 May Be Added to Fees	

6. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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9. Name and Address of Current Registered Agent
**MATTHEWS, TERENCE
5190 26TH STREET WEST., STE D
BRADENTON FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number) **100002877201--8**
83 City, State, Zip **FL 34209**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	<i>John Mann</i>	STREET ADDRESS	<i>1125 Mallory Dr</i>	CITY, ST, ZIP	<i>Bradenton, FL 34209</i>	<input type="checkbox"/>	DELETE
TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		<input type="checkbox"/>	DELETE
TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		<input type="checkbox"/>	DELETE
TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		<input type="checkbox"/>	DELETE
TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		<input type="checkbox"/>	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<i>President</i>	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME					
13 STREET ADDRESS					
14 CITY, ST, ZIP					
21 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22 NAME					
23 STREET ADDRESS					
24 CITY, ST, ZIP					
31 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME					
33 STREET ADDRESS					
34 CITY, ST, ZIP					
41 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME					
43 STREET ADDRESS					
44 CITY, ST, ZIP					
51 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME					
53 STREET ADDRESS					
54 CITY, ST, ZIP					
61 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME					
63 STREET ADDRESS					
64 CITY, ST, ZIP					

CLIENT COPY

8/16/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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; that I am a 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.

SIGNATURE: *X. John Mann* *x 8/16/99* *941-792 3908*

August 17, 1999

DIVISION OF CORPORATIONS
BOX 6367
TALLAHASSEE, FL 32314

ATTN: SEAN TONER

DEAR MR. TONER

I HAVE NOT RECEIVED THE ANNUAL REPORT FORMS FOR MY 2 COPORATIONS I
HAVE CHECKED WITH MY REGISTERED AGENTS ON BOTH AND HE AND HIS GIRL SAY
THEY DO NOT HAVE THEM.

THEY HAVE BEEN IN THE PROCESS OF MOVING AND THEREFORE THE FORMS MAY
HAVE GOTTEN LOST.

I AM SENDING IN MY FEES ANYWAY SINCE I REALIZE THAT THEY ARE DUE.

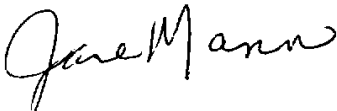
I NEED TO MAKE SURE THE FORMS GET MAILED TO ME AT MY HOME ADDRESS;
FOR THE FOLLOWING CORPORATIONS:

GOING UP, INC . TAX ID # 59-3511659
DOUBLE J TAX ID # 65-0836543

COULD YOU PLEASE MAKE SURE THESE GO TO MY HOME ADDRESS: 1125 MALLORCA
DR. , BRADENTON, FL. 34209

THANKYOU

SINCERELY,



JANE MANN
1125 MALLORCA DR.
BRADENTON, FL. 34209