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 above, or on an attachment with all other like empowered. 04/01/2019

SIGNATURE: LANCE STONER

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 6115 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211

Entity Name: DOUBLE S ENTERPRISES, INC.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Mailing Address:

DOCUMENT# 501142

6115 ARLINGTON EXPRESSWAY P.O.BOX 8622 (32239) JACKSONVILLE, FL 32211

FEI Number: 59-1654074

Name and Address of Current Registered Agent:

STONER, LYNN W. 13770 PLEASANT VALLEY DR. JACKSONVILLE, FL 32225 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PD	Title	STD
Name	STONER, LYNN W	Name	STONER, CONNIE CHANCEL
Address	13770 PLEASANT VALLEY DR	Address	13770 PLEASANT VALLEY DR
City-State-Zip:	JACKSONVILLE FL	City-State-Zip:	JACKSONVILLE FL
Title	VP		
Name	STONER, LANCE C		
Address	847 WATERMAN RD. S.		
City-State-Zip:	JACKSONVILLE FL 32207		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

VP OF OPERATIONS

Date

Date

FILED Apr 01, 2019 Secretary of State 6956189421CC

Certificate of Status Desired: No