

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501142

Entity Name: DOUBLE S ENTERPRISES, INC.**Current Principal Place of Business:**6115 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32211**Current Mailing Address:**6115 ARLINGTON EXPRESSWAY
P.O.BOX 8622 (32239)
JACKSONVILLE, FL 32211**FEI Number:** 59-1654074**Certificate of Status Desired:** No**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_____
Date**Officer/Director Detail :**

Title	PD
Name	STONER, LYNN W
Address	13770 PLEASANT VALLEY DR
City-State-Zip:	JACKSONVILLE FL

Title	STD
Name	STONER, CONNIE CHANCEL
Address	13770 PLEASANT VALLEY DR
City-State-Zip:	JACKSONVILLE FL

Title	VP
Name	STONER, LANCE C
Address	1256 GLENGARRY RD.
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 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.

SIGNATURE: LANCE STONER

VP OF OPERATIONS

03/09/2018

Electronic Signature of Signing Officer/Director Detail_____
Date