

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **490834** (9)

1. Corporation Name
D & D SALES, INC.



Principal Place of Business: **10115 S.E. HIGHWAY 441 BELLEVIEW FL 32620**
 Mailing Address: **10115 SOUTHEAST HIGHWAY 441 BELLEVIEW FL 34420 US**

2. Principal Place of Business: **10115 S.E. HIGHWAY 441 BELLEVIEW FL 32620**
 2a. Mailing Address: **10115 SOUTHEAST HIGHWAY 441 BELLEVIEW FL 34420 US**

3. Date Incorporated or Qualified: **02/11/1976**
 3a. Date of Last Report: **04/14/1995**
 4. FEI Number: **59-1769388**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **HARRELL, DONALD D 11007 SE 66 TERRACE BELLEVIEW FL 32620**
 10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: FL 85 Zip Code:**

11. Pursuant to the provisions of Sections 607.001(2) 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: *Donald D. Harrell* **DONALD D. HARRELL** 2-27-96
 Title: **REGISTERED AGENT**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	P HARRELL, DONALD D.	2. NAME	
3. STREET ADDRESS	10115 SE HWY 441 BELLEVIEW FL	3. STREET ADDRESS	
4. CITY, ST, ZIP	FL	4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> DELETE	5. TITLE	
6. NAME	S HARRELL, DIANE S.	6. NAME	
7. STREET ADDRESS	10115 SE HWY 441 BELLEVIEW FL	7. STREET ADDRESS	
8. CITY, ST, ZIP	FL	8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> DELETE	9. TITLE	
10. NAME	D HARELL, DIANA S.	10. NAME	
11. STREET ADDRESS	10115 SE HWY 441 BELLEVIEW FL	11. STREET ADDRESS	
12. CITY, ST, ZIP	FL	12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> DELETE	13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	<input type="checkbox"/> DELETE	17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> DELETE	21. TITLE	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.
 SIGNATURE: *Diana S. Harrell* **DIANA S. HARRELL** 2-27-96 904-347-7714
 Title: **SECRETARY**

CRE034 (12/95)