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FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 671079 (2)

1. Corporation Name

DOUBLE D GROVES, INC.



Principal Place of Business

Mailing Address

~~418 N.E. 4TH STREET~~ 400 N.E. 5TH ST.
P.O. BOX 811
FORT MEADE FL 33841

~~418 N.E. 4TH STREET~~ 400 N.E. 5TH ST.
P.O. BOX 811
FORT MEADE FL 33841 (Same)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1980

4. FEI Number

59-2085408

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURRANCE, ALLENE V.

~~418 N.E. 4TH STREET~~ 400 N.E. 5TH ST.
FORT MEADE FL 33841

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Alleene V. Durran

3-25-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVT
NAME DURRANCE, ALLENE V
STREET ADDRESS ~~418 N.E. 4TH ST~~ 400 N.E. 5TH ST.
CITY-ST-ZIP FT MEADE, FL 00000 33841

1.1 TITLE President
1.2 NAME DURRANCE, Alleene V.
1.3 STREET ADDRESS 400 N.E. 5TH ST.
1.4 CITY-ST-ZIP FT. Meade, FL. 33841

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Vice President
2.2 NAME ROWELL, Debra Durran
2.3 STREET ADDRESS 418 N.E. 4TH ST.
2.4 CITY-ST-ZIP FT. Meade, FL 33841

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Treasurer
3.2 NAME DURRANCE, Allen Edward
3.3 STREET ADDRESS 125 N. POIK
3.4 CITY-ST-ZIP FT. Meade, FL. 33841

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 attachment with an address.

SIGNATURE:

Alleene V. Durran

3-25-98 (911) 285-8191 EXT. 234

CR2E034 (10/97)