

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

APPROVED AND FILED

SEP 11 1995
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mottman
Secretary of State
TALLAHASSEE, FLORIDA 32399

DOCUMENT # **F87764** (9)

DOUBLE A.A., INC.

Principal Place of Business: 2020 S COMBEE #12 LAKELAND FL 33801-6894
Mailing Address: 2020 S COMBEE #12 LAKELAND FL 33801-6894

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or qualified	3a. Date of Last Report
21. State - Apt # etc		25. State - Apt # etc		06/22/1982	04/29/1994
22. City & State		27. City & State		4. FCI Number	Applied Fee
23. Zip		29. Zip		59-2936160	Not Applicable
24. Tax Identification		30. Tax Identification		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 filed its certificate of incorporation with the Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
E.J. AMRHEIN 1007 BUTTERCUP DR LAKELAND FL 33801				b1. Name			
				b2. Street Address (P.O. Box Number is Not Acceptable)			
				b3. City			
				b4. State		b5. Zip Code	
FL							

11. Pursuant to the provisions of Sections 607.0203 and 607.0204, Florida Statutes, the above named corporation submits the 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 I accept the obligations of Sections 607.0203, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	P NAME: AMRHEIN, EUGENE STREET ADDRESS: 1007 BUTTERCUP DR CITY: LAKELAND FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	S NAME: AMRHEIN, CHRISTINA STREET ADDRESS: 1007 BUTTERCUP DR CITY: LAKELAND FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V NAME: AMRHEIN, PAT STREET ADDRESS: 1007 BUTTERCUP DR CITY: LAKELAND FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and clear and good, for the incorporation stated in Sections 607.0203, Florida Statutes. I further certify that the information included on this annual report or biennial report is true and accurate and that my signature shall have the same legal effect if made under oath. That I am an officer or director of the corporation for the purpose of filing this report as required by Chapter 607, Florida Statutes, and that my name appears on the certificate of incorporation of the corporation.

SIGNATURE: *E. J. Amrhein* P1252
5-1-95 8136670707