

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J15436

(5)

1. Corporation Name

D & D MARKETING SERVICES INC.

Principal Place of Business

4705 A W CAYUGA STREET
TAMPA FL 33614
US

Mailing Address

P O BOX 24416
TAMPA FL 33623-4416
US

3. Date Incorporated or Qualified

05/19/1986

3a. Date of Last Report

01/19/1996

4. FEI Number

59-2693813

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGSTON, DON S
4705 A W CAYUGA STREET
TAMPA FL 33614

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 date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME ST
STREET ADDRESS LANGSTON, DELORES B.
CITY, ST, ZIP 4705 A W CAYUGA STREET
TAMPA FL1.1 TITLE TREASURER ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIPTITLE ☐ DELETE
NAME P
STREET ADDRESS LANGSTON, DON S
CITY, ST, ZIP 4705 A W CAYUGA STREET
TAMPA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME ALICE K. EUBANKS
3.3 STREET ADDRESS 4705 A W. CAYUGA ST.
3.4 CITY, ST, ZIP TAMPA, FL 33614TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do 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:

Don S. Langston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON S. LANGSTON

1/18/97

Date

813-874-8808

Daytime Phone #

CR2E034 (9/96)