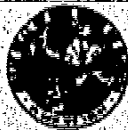


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 26 PM 1:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L44897 (1)**

**1. Corporation Name**

**DDH ENTERPRISES, INC.**

**Principal Place of Business**

**% SUSAN SLAGLE  
121 WEST FORSYTH ST #170  
JACKSONVILLE FL 32202**

**Mailing Address**

**% SUSAN SLAGLE  
4100 BELFORT RD. STE 240  
JACKSONVILLE FL 32216  
US**

**DO NOT WRITE IN THIS SPACE.**

**3. Date Incorporated or Qualified**

**01/18/1990**

**3a. Date of Last Report**

**02/04/1994**

**4. FEI Number**

**50-2085380**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Election Campaign Financing**

☐

**\$5.00 May Be  
Added to Fees**

**6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes**

☐ Yes

☒ No

**2. Principal Place of Business**

**21**

**Suite, Apt. #, etc.**

**22**

**City & State**

**23**

**Zip**

**Country**

**24**

**25**

**2a. Mailing Address**

**26**

**Suite, Apt. #, etc.**

**27**

**City & State**

**28**

**Zip**

**Country**

**29**

**30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SLAGLE, SUSAN  
4100 BELFORT RD.  
STE 240  
JACKSONVILLE FL 32216**

**61 Name**

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

**63**

**64 City**

**FL**

**65 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 reappointing

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                       |                         |
|-----------------------|-------------------------|
| <b>TITLE</b>          | <b>D</b>                |
| <b>NAME</b>           | <b>HARKLEROD, CARL</b>  |
| <b>STREET ADDRESS</b> | <b>ONE RED STONE DR</b> |
| <b>CITY- ST- ZIP</b>  | <b>SIMSBURY CT</b>      |
| <b>TITLE</b>          | <b>D</b>                |
| <b>NAME</b>           | <b>DRIGNAT, JOSEPH</b>  |
| <b>STREET ADDRESS</b> | <b>1008 MOTHILL RD</b>  |
| <b>CITY- ST- ZIP</b>  | <b>S GLASTONBURY CT</b> |
| <b>TITLE</b>          | <b>D</b>                |
| <b>NAME</b>           | <b>DURANTE, PETER</b>   |
| <b>STREET ADDRESS</b> | <b>305 BAY STREET</b>   |
| <b>CITY- ST- ZIP</b>  | <b>NEPTUNE BEACH FL</b> |
| <b>TITLE</b>          |                         |
| <b>NAME</b>           |                         |
| <b>STREET ADDRESS</b> |                         |
| <b>CITY- ST- ZIP</b>  |                         |
| <b>TITLE</b>          |                         |
| <b>NAME</b>           |                         |
| <b>STREET ADDRESS</b> |                         |
| <b>CITY- ST- ZIP</b>  |                         |

|                           |                                                                   |
|---------------------------|-------------------------------------------------------------------|
| <b>1.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2 NAME</b>           |                                                                   |
| <b>1.3 STREET ADDRESS</b> |                                                                   |
| <b>1.4 CITY- ST- ZIP</b>  |                                                                   |
| <b>2.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>2.2 NAME</b>           |                                                                   |
| <b>2.3 STREET ADDRESS</b> |                                                                   |
| <b>2.4 CITY- ST- ZIP</b>  |                                                                   |
| <b>3.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>3.2 NAME</b>           |                                                                   |
| <b>3.3 STREET ADDRESS</b> |                                                                   |
| <b>3.4 CITY- ST- ZIP</b>  |                                                                   |
| <b>4.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>4.2 NAME</b>           |                                                                   |
| <b>4.3 STREET ADDRESS</b> |                                                                   |
| <b>4.4 CITY- ST- ZIP</b>  |                                                                   |
| <b>5.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>5.2 NAME</b>           |                                                                   |
| <b>5.3 STREET ADDRESS</b> |                                                                   |
| <b>5.4 CITY- ST- ZIP</b>  |                                                                   |
| <b>6.1 TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>6.2 NAME</b>           |                                                                   |
| <b>6.3 STREET ADDRESS</b> |                                                                   |
| <b>6.4 CITY- ST- ZIP</b>  |                                                                   |

**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 110.07(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 of Block 13; if changed, or on an attachment with an address.**

**SIGNATURE:**

**Peter G. Durante**  
**PETER G. DURANTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

**4/20/95**

**9047241806**