SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # L81901 (5)DOUBLE C VENTURES, INC. Mailing Address Principal Place of Business P O BOX 664 P O BOX 664 HAMPTON SC 29924 HAMPTON SC 29924 us 3a. Date of Last Report 3. Date Incorporated or Qualified 04/06/1995 06/19/1990 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0200839 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 190 032 Country Zφ Country] Yes [] No Elorida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FERLITA, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 82 509 S. HYDE PARK AVE. TAMPA FL 33606 83 Zip Code 85 84 City FL 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 (NOTE Regulered Agent signature required wher recistating) Stiguature, type dice pontestinante of registered agent and one it apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE CR2E034 ADDY, CAL 1.2 NAME NAME 601 HELEN ST. 1.3 STREET ADDRESS STREET ADDRESS HAMPTON SC 14 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY ~ ST - ZIP CHTY-ST-ZIF Change ____ Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 THILE TITLE 5.2 NAM8 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CiTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TUTLE TITLE 6.2 NAME NAME

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64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Flor da 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 617, Florida Statutes, and

SIGNATURE:

STREET ADDRESS

ING OFFICER OR DIRECTOR

that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.