

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L94435** (9)

1. Corporation Name
D & D ASSOCIATES, INC.



Principal Place of Business: **5019 SAN MASSIMO DRIVE PUNTA GORDA FL 33950**
Mailing Address: **5019 SAN MASSIMO DRIVE PUNTA GORDA FL 33950**

3. Date Incorporated or Qualified: **08/20/1990**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **5019 SAN MASSIMO DRIVE PUNTA GORDA FL 33950**
2a. Mailing Address: **5019 SAN MASSIMO DRIVE PUNTA GORDA FL 33950**

4. FEI Number: **65-0212402**
Applied For: Not Applicable

21. Suite, Apt. #, etc.: **5019 SAN MASSIMO DRIVE PUNTA GORDA FL 33950**
26. Suite, Apt. #, etc.: **5019 SAN MASSIMO DRIVE PUNTA GORDA FL 33950**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State: **PUNTA GORDA FL**
27. City & State: **PUNTA GORDA FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip: **33950** Country: **FL**
28. Zip: **33950** Country: **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip: **33950** Country: **FL**
29. Zip: **33950** Country: **FL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEBLANC, DEBORAH E.
5019 SAN MASSIMO DRIVE
PUNTA GORDA FL 33950**

81. Name: **LEBLANC, DEBORAH E.**
82. Street Address (P.O. Box Number is Not Acceptable): **5019 SAN MASSIMO DRIVE**
83. City: **PUNTA GORDA**
84. City: **PUNTA GORDA** FL 85. Zip Code: **33950**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEBLANC, DEBORAH E.	
STREET ADDRESS	5019 SAN MASSIMO DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

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 119.07(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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah E. Leblanc Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 9416871154
DATE: _____ E-FILE NUMBER: _____

CR2E034 (12/95)