

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

FILED

**Mar 27 1997 8:00am
Secretary of State**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33950-8031 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/20/1990 | 3a. Date of Last Report 04/24/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 154 ACALYPHA Suite, Apt. #, etc. | 2a. Mailing Address 26 154 ACALYPHA Suite, Apt. #, etc. |
| 22 City & State 23 PUNTA GORDA FL | 27 City & State 28 PUNTA GORDA FL |
| 24 Zip 33950 25 Country | 29 Zip 33950 30 Country |

| | |
|---|--|
| 4. FEI Number 65-0212402 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name LEBLANC, DEBORAH E |
| 82 Street Address (P.O. Box Number is Not Acceptable) 154 ACALYPHA |
| 83 |
| 84 City PUNTA GORDA 85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|---|---------------------------------|
| 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 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME LEBLANC, DEBORAH E | |
| 1.3 STREET ADDRESS 154 ACALYPHA | |
| 1.4 CITY-ST-ZIP PUNTA GORDA FL 33950 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **DEBORAH E. LEBLANC** 3/30/97 941 575 1592
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)