

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:24

DOCUMENT # M92836 (9)

1. Corporation Name

DOUBLE TAKE ADVERTISING . MARKETING, INC.

Principal Place of Business

**536 EAST NEWHAVEN AVE.
MELBOURNE FL 32901
US**

Mailing Address

**536 EAST NEWHAVEN AVE.
MELBOURNE FL 32901
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1988

3a. Date of Last Report
01/27/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2907491

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

Zip

24

Country

25

Zip

29

Country

30

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**EGAN, MICHAEL WILLIAM
1091 ROANOKE CT. N.E.
PALM BAY FL 32907**

10. Name and Address of New Registered Agent

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 of officer or director (Name of registered agent and fee if applicable)

(If 2/11. Registered Agent signature required when no statute)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

PVT

NAME

BEASLEY, DENISE A.

STREET ADDRESS

2490 FOREST RUN DRIVE

CITY, ST, ZIP

W. MELBOURNE FL

2. TITLE

S

NAME

BEASLEY, DENISE A.

STREET ADDRESS

2490 FOREST RUN DRIVE

CITY, ST, ZIP

W. MELBOURNE FL

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(1)(b), 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 make this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Denise Beasley DENISE BEASLEY
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1/9/95
Date

407 7240842
Filing Number