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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002120 (3)

1. Corporation Name

DOUBLE EDGE PRODUCTIONS, INC.

Principal Place of Business

20223 MACON LANE
PORT CHARLOTTE FL 33952

Mailing Address

20223 MACON LANE
PORT CHARLOTTE FL 33952-38253. Date Incorporated or Qualified
04/28/19943a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 21500 Gibraltar Dr.

Suite, Apt. #, etc.

22

City & State
Port Charlotte FL

Zip

33952

Country

USA

24

CRYSTAL, SAMUEL F
20223 MACON LANE
PORT CHARLOTTE FL 33952

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

4. FEI Number

65-0495549

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

18280 Ackerman Avenue

83

84 City Port Charlotte

FL

85 Zip Code

33948

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CRYSTAL, SAMUEL F
STREET ADDRESS 20223 MACON LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33952☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 18280 Ackerman Avenue
1.4 CITY-ST-ZIP Port Charlotte FL 33948☒ Change ☐ AdditionTITLE D
NAME CRYSTAL, SHELLY J
STREET ADDRESS 20223 MACON LANE
CITY-ST-ZIP PORT CHARLOTTE FL 33952☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 18280 Ackerman Avenue
2.4 CITY-ST-ZIP Port Charlotte FL 33948☒ Change ☐ AdditionTITLE D
NAME STRUEBING, EDWARD H III
STREET ADDRESS 21500 GIBRALTER DR.
CITY-ST-ZIP PORT CHARLOTTE FL 33952☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SHELLY CRYSTAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-96

941-629-7382

Date

Daytime Phone # 0057782

CR2E037 (9/96)