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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

	1000				02-20-1999 90105 004 ***	150.00		
DOCU 1. Corporation	MENT # P21078	3						
1 '	DD GROUP, INC.							
111.2 00	bb anout, mo							
Principal Plac	ce of Business	Mailing Address				EICH BIBH BIBH IGBI		
2325 SOUTH STRATFORD ROAD 2325 SOUTH STRATFORD			ROAD					
WINSTON-SALEM NC 27103-6223 WINSTON-SALEM NC 27103			3-6223					
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					09/27/1988			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For		
21	26			56-0750470	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	75 Additional		
22 27					Fe	e Required		
City & Star	te	City & State				.00 May Be		
Zip	Country	Zip	Countr	· · · · · · · · · · · · · · · · · · ·		ded to Fees		
24	25 29			,	8. This corporation owes the current year Intangible Personal Property Tax.	□No		
	9. Name and Address of Currer	[30		10. Name and Address of New Registered Agent			
Λ Τ .	CORRORATION OVOTEN		8	Name	9 .			
CT CORPORATION SYSTEM				Street	t Address (P.O. Box Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324								
100	117110111 53324		83	'				
			84	City	85	Zip Code		
11 Purcuant	to the provisions of Sections 607.050	12 and 607 1509 Florida Statut	os the shor	o named	FL o d corporation submits this statement for the purpose of changin	a ita rapiatarad		
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corpo	poration's board of directors. I hereby accept the appointment a			
•	rn familiar with, and accept the obliga	ations of, Section 607.0505, Fig	nda Statute	5.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Age	nt signature r	required when reinstating) DATE			
12.		ID DIRECTORS	. 13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Cha	nge		
NAME	BUDD, RICHARD P.		1.2 NAME					
STREET ADDRESS	2325 S. STRATFORD ROAD		ı	T ADDRESS	6			
CITY-ST-ZIP TITLE	WINSTON-SALEM NC VSTD	☐ DELETE	1.4 CITY-5	T-ZIP	☐ Cha	nge 🗆 Addition		
NAME	CHRISCO, GERALD L.		2.1 TITLE 2.2 NAME		L] Cna	iñe Magingu		
STREET ADDRESS	2325 S STRATFORD RD.		4	T ADDRESS		i		
CITY-ST-ZIP	WINSTON-SALEM NC		2.4 CITY-			ļ		
TITLE	PD DELETE		3.1 TITLE		Cha	nge		
NAME	BUDD, JOSEPH R		3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS	3	!		
CITY-\$T-ZIP	WINSTON-SALEM NC		3.4. CITY-	ST-ZIP				
TITLE	VD □ DELETE		4.1 TITLE		□Cha	nge		
NAME	JONES, MICHAEL	450	4.2 NAME					
STREET ADDRESS	100 MEREDITH DRIVE, SUITE	150		T ADDRESS		İ		
CITY-ST-ZIP TITLE	DURHAM NC	☐ DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP	☐ Chai	nge Addition		
NAME		_ bereie	5.1 TITLE 5.2 NAME			ige Addition		
STREET ADDRESS				LAUUDESS				

14. I 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 or an attachment with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING O Gerald 🖊.

☐ DELETE

2/8/99

336/765-7690

Daytime Phone #

☐ Addition