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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P9300006690	(0)
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D & D HAULING, INC.

Principal Place of	of Business	Mailing Address						
13275 MADIS		13275 MADISO						
Dirico II G	***	000 . 2 0.	•••			3. Date Incorporated or Qualified 01/25/1993	3a. Date of 02/2	Last Report 28/1995
2. Principal Plac	ce of Business	2a. Mailing Addin	 288			4. FEI Number		Applied For
1 1771047437 163		26				59-3190059		Not Applicat
Suite, Apt. #	, etc.	Surte, Apt. #.	etc.		_ ***	5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		Orty & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
<u> </u>	T 0	28	Т	Country		This corporation has liability for light and light	intannihle tav I	
Zγρ	Country	Zip 29	30	า			∏ No	100.001.
<u> </u>	25 9. Name and Address of Curre		30	'l		10. Name and Address of New F		ent
	y. Name and Address of Conte	in riegisterea Agent		81	Name			
DUNLOP, RICHARD 13275 MADISON AVENUE LARGO FL 34643		82	Street Addr	Jress (P.O. Box Number is Not Acceptable)				
		83		MU 74				
21.00	12 01010			84	City		FL.	85 Zip Code
SIGNATURE .	Signature, by a distribution of a citizen density of CENICERS AN	Sactifications of R	ผายัด	Spatricel Age	of separation reques	dy his residency ACOTHONS/CHANGES TO OFF	DATE ICE HS AND D	RECTORS IN 12
IIZ.	D	DÉI	 .ETE	1 1 111LE	<u></u>			Change 🔲 Additio
NAME	DUNLOP, RICHARD			1.2 NAME				
STREET ADDRESS	13275 MADISON AVENUE				LADORESS			
DITY-ST-ZIP	LARGO FL 34643			1.4 CITY -	S1 - 71P			
ITLE		DEI	.FIE	2 1 T-TLF				Change
AME				2.2 NAME				
TREET ADDRESS				23STREE	T ADDRESS			
017Y - S1 - ZIP				2.4 CiTy -	ST-ZIP			
ii.E		D€	LETE	3 1 THILE				Change
NAME				3.2 NAME				
TREET ADDRESS				33 STRE	ET ADORESS			
CITY - ST - ZIP				3.4 C(TY	ST-7iP			
TITLE		DE.	LETE	4 1 11716				Change Addit
NAME				4.2 NAME				
STREET ADORESS				43 STREE	-T ADDRESS			
CITY - ST - ZIP				4.4.0(1Y-	ST-70F			
TITLE		□ DE	LETE	5 1 TITLE				Change
NAME				5.2 NAM		÷		
					1			

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 certify 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.

6.4 CHY - S1 - ZIP

54 CHTY - ST. ZIP

6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

DITY-ST-ZIP

CITY-ST-ZIP

DELFTE

Change Addition