

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012024 (4)

1. Corporation Name

DOUBLE O CORPORATION

Principal Place of Business

Mailing Address

4017 LOWN ST.
SUITE 3
ST. PETERSBURG FL 33704
US

3704 101ST AVE NORTH
SUITE 9
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3227034

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 60245

22 City & State

27 City & State

23 Zip

28 St. Petersburg, FL

24 Country

29 33784

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OATES, GARAT G

3704 101ST AVE NORTH

SUITE 3

CLEARWATER FL 34622

81 Name

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

1200 Boca Ciega Isle Dr

83

84

City ST. PETERSBURG

FL

85

Zip Code

33706

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME OATES, GARAT G
STREET ADDRESS 4076 PINELLAS BAYWAY, #20
CITY - ST - ZIP TERRA VERDE FL 33719

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1200 Boca Ciega Isle Dr
1.4 CITY - ST - ZIP ST. PETERSBURG, FL 33706

TITLE D
NAME ORTEGA, EMERY
STREET ADDRESS AV. SARASOTA, #83, SANTA DOMINGO,
CITY - ST - ZIP DOMINICAN REPUBLIC

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95

813-528-8685