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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000022142 (2)

1. Corporation Name
DOUBLE RR BEARS, INC.

Principal Place of Business 2323 TAMiami TRAIL PUNTA GORDA FL 33950 US	Mailing Address 3688 BROOKLYN AVE PORT CHARLOTTE FL 33952 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1993	3a. Date of Last Report 04/28/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0398353	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMAS, JANICE P ESQ
1680 EL JOBEAN ROAD
MURDOCK FL 33948**

10. Name and Address of New Registered Agent

81 Name **RAYMOND E. DURKEE**
82 Street Address (P.O. Box Number is Not Acceptable)
3688 BROOKLYN AVE
83
84 City **PT. CHARLOTTE** FL 85 Zip Code **33952**

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 *Raymond E. Durkee* **RAYMOND E. DURKEE** **April 19, 1995**
Signature (Typed or printed name of registered agent and title if applicable) (Typed Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURKEE, RAYMOND E	12 NAME	
STREET ADDRESS	3688 BROOKLYN AVE	13 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	14 CITY - ST - ZIP	33952
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADEN, RONALD	22 NAME	
STREET ADDRESS	3688 BROOKLYN AVE	23 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	24 CITY - ST - ZIP	33952
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(b), Florida Statutes. I further certify that the information included 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 in my attachment with an address.

SIGNATURE: *Raymond E. Durkee* **RAYMOND E. DURKEE** **April 19/95** (P13) **629-5634**
Signature (Typed or printed name of signing officer or director) Date Telephone (Area #)