

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 27, 1999 8:00 am  
Secretary of State

02-27-1999 90049 030 \*\*\*150.00

DOCUMENT # P93000067883

1. Corporation Name  
D & D DISCOUNT, INC.



Principal Place of Business

501 E HILLSBOROUGH  
EAST LAKE SO PALM  
TAMPA FL 33610  
05XXX

Mailing Address

P. O. BOX 668  
RIVERVIEW FL 33568  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1993

4. FEI Number

59-3201835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 9119 SYMMES ROAD

Suite, Apt. #, etc.

22 City & State

23 GIBSONTON, FL

Zip

24 33535

Country

25 HILLSBOROUGH

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIXON, DEBORAH  
6302 MARTIN LUTHER KING BLVD  
TAMPA FL 33619

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DIXON, DONALD O

STREET ADDRESS 6302 MARTIN LUTHER KING BLVD

CITY-ST-ZIP TAMPA FL 33619 XXXXXXXXXXXXX

TITLE D ☐ DELETE

NAME DIXON, DEBORAH

STREET ADDRESS 6302 MARTIN LUTHER KING BLVD

CITY-ST-ZIP TAMPA FL 33619 XXXXXXXXXXXXX

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME DIXON, DONALD O

1.3 STREET ADDRESS P.O. BOX 668

1.4 CITY-ST-ZIP RIVERVIEW, FL 33568

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME DIXON, DEBORAH

2.3 STREET ADDRESS P.O. BOX 668

2.4 CITY-ST-ZIP RIVERVIEW, FL 33568

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah Dixon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99 813628-4448

CR2E034 (11/98)