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

Mailing Address

12018 VERMILLION WAY

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000047002 (8)

D & D BUILDERS, INC.

Principal Place of Business

12019 VERMILLION WAY

RIVERVIEW FL 33569-4103 RIVERVIEW FL 33569 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1994 07/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3237867 26 Not Applicable Suite. Ant. #. etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 28 Added to Fees Country Zio Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DICKSON, MICHAEL 12019 VERMILLION WAY Street Address (P.O. Box Number is Not Acceptable) DIVERVIEW FL 33569 **B3** City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE \_\_\_ Change Addition TILLE 1.1 TITLE DICKSON, MICHAEL 1.2 NAME NAME 12019 VERMILLION WAY STREET ADDRESS 1.3 STREET ADDRESS RIVERVIEW FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City-ST-ZIP CITY-ST-ZIP DELETE Addition Change 31 TITLE THLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE

14. I do 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 of 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 chapted or on an attachment with an address.

4. 2 NAME

5 1 TITLE

52 NAME

6.1 TITLE

62 NAME

4.3 STREET ADORESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE!

NAME

TIFLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

CITY - ST-ZIF

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

DELETE

4/24/97 (813)677-9146

Change

☐ Change

Addition

Addition

**FILED** 

May 02 1997 8:00am

Secretary of State