

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

D & D Automotive Transportation, Inc.

Principal Place of Business

Mailing Address

741 N. Lake Jessup Ave.
Oviedo, FL 32765

P.O. Box 620458
Oviedo, FL
32762

2. Principal Place of Business

2a. Mailing Address

21 741 N. Lake Jessup

26 P.O. Box 620458

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Oviedo

28 Oviedo

Zip

Country

Zip

Country

24 32765

25 Seminole

29 FL 32762

30 Seminole

9. Name and Address of Current Registered Agent

Walter J. Belleville
815 Orienta Avenue
Suite 6
Altamonte Springs, FL 32701

3. Date Incorporated or Qualified

2-3-95

3a. Date of Last Report

N/A

4. FEI Number

59-3292387

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Dawn Case

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

741 N. Lake Jessup Ave.

83

84 City

Oviedo

FL

85 Zip Code

32765

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

Dawn Case

Dawn Case

5-11-96

Signature typed or printed name of registered agent in block capital letters

(If 10: New Agent Signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

11 TITLE

President - P

12 NAME

Dawn Case

13 STREET ADDRESS

741 N. Lake Jessup Ave.

14 CITY-ST-ZIP

Oviedo, FL 32762

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

500001831499

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***233.75

☐ Change

☐ Addition

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:

Dawn Case

Dawn Case

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-96

407-366-1831

DATE

Daytime Phone #

CR2E034 (12/95)