FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000020564 (7)**

1. Corporation Name

DOUBLE N ENTERPRISES, INC.

Principal Place of Business

~~11205 KERRY HILLS CT~~
~~RIVERVIEW FL 33569~~
1029 W Brandon Blvd.
Brandon, Fl 33511

2. Principal Place of Business

21 1029 W. Brandon Blvd.
Suite, Apt. #, etc.
22
City & State
23 Brandon, Fl
Zip
24 33511
Country
25

Mailing Address

~~11205 KERRY HILLS CT~~
~~RIVERVIEW FL 33569~~
1029 W Brandon Blvd
Brandon, Fl 33511

2a. Mailing Address

26 1029 W. Brandon Blvd
Suite, Apt. #, etc.
27
City & State
28 Brandon, Fl
Zip
29 33511
Country
30

3. Date Incorporated or Qualified: 03/14/1995

3a. Date of Last Report:

4. FEI Number: 59-3301459 [ ] 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 is liable for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

NORTH, JODY L
11205 KERRY HILLS CT
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	D [ ] DELETE
NAME	NORTH, JODY L
STREET ADDRESS	11205 KERRY HILLS CT
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	D [ ] DELETE
NAME	NEWSOM, LOUELLA E
STREET ADDRESS	~~6875 BRAIDS CT~~ 3705 Smoke Hickory Lane
CITY-ST-ZIP	~~DUBLIN OH 43017~~ Valrico, Fl 33594
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	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D [X] Change [ ] Addition
2.2 NAME	Louella E. Newsom
2.3 STREET ADDRESS	3705 Smoke Hickory Lane
2.4 CITY-ST-ZIP	Valrico, Fl 33594
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	

CR2E034 (12/95)

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)(w), 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: Louella E. Newsom Louella E. Newsom 4-10-96 (813) 653-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number