SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 16 PM 12:37

DOCUMENT # **P95000043136 (7)**

1. Corporation Name
DDM INC.

Principal Place of Business	Mailing Address
~~7061 S TAMIAMI TRAIL~~ ~~SUITE 110~~ ~~SARASOTA FL 34231~~	~~7061 S TAMIAMI TRAIL~~ ~~SUITE 110~~ ~~SARASOTA FL 34231~~

3. Date Incorporated or Qualified: 05/31/1995
3a. Date of Last Report:

2. Principal Place of Business
21 3900 Tamiami Trail
Suite, Apt. #, etc
22 Unit M
City & State
23 Sarasota FL
Zip 24: 34231 Country 25: Sarasota

2a. Mailing Address
26 14949 Tamiami Trail
Suite, Apt. #, etc
27 Suite 130
City & State
28 North Port FL
Zip 29: 34287 Country 30: Sarasota

4. FEI Number: 65-0582362 ☐ 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

9. Name and Address of Current Registered Agent

~~DONNELLY, DAVE~~
~~7061 S TAMIAMI TRAIL~~
~~SUITE 110~~
~~SARASOTA FL 34231~~

10. Name and Address of New Registered Agent

81 Name: Kirk J. Johnson
82 Street Address (P.O. Box Number is Not Acceptable): 14949 Tamiami Trail
83: Suite 130
84 City: North Port **FL** 85 Zip Code: 34287

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☒ DELETE	11 TITLE	P/D	☒ Change ☐ Addition
NAME	David Donnelly		12 NAME	Kirk J. Johnson	
STREET ADDRESS	7061 S. Tamiami Trail Suite 110		13 STREET ADDRESS	14949 Tamiami Trail Suite 130	
CITY-ST-ZIP	Sarasota FL 34231		14 CITY-ST-ZIP	North Port FL 34287	
TITLE	V	☒ DELETE	21 TITLE	*V	☒ Change ☐ Addition
NAME	Kirk J. Johnson		22 NAME	Michael Natalie	
STREET ADDRESS	14949 Tamiami Trail Suite 130		23 STREET ADDRESS	733 Crestview Cir	
CITY-ST-ZIP	North Port FL 34287		24 CITY-ST-ZIP	Pt. Charlotte FL 33948	
TITLE	S	☒ DELETE	31 TITLE	S	☒ Change ☐ Addition
NAME	Joy Donnelly		32 NAME	Laurie Cannata	
STREET ADDRESS	7061 S. Tamiami Trail Suite 110		33 STREET ADDRESS	733 Crestview Cir	
CITY-ST-ZIP	Sarasota FL 34231		34 CITY-ST-ZIP	Pt. Charlotte, FL 33948	
TITLE	T	☒ DELETE	41 TITLE	T	☒ Change ☐ Addition
NAME	Kirk J. Johnson		42 NAME	Kirk J. Johnson	
STREET ADDRESS	14949 Tamiami Trail Suite 130		43 STREET ADDRESS	14949 Tamiami Trail Suite 130	
CITY-ST-ZIP	North Port FL 34287		44 CITY-ST-ZIP	North Port FL 34287	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	3L0101150582362	
STREET ADDRESS			53 STREET ADDRESS	-09/26/96--01081--013	
CITY-ST-ZIP			54 CITY-ST-ZIP	****233.75 ****233.75	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

dcc cw

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kirk Johnson KIRK J. Johnson 9/12/96 (941) 423 0712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #