

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

DOCUMENT # P95000045873 (3)
1. Corporation Name

DOUBLEPLAY INCORPORATED



Principal Place of Business

Mailing Address

200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

3. Date Incorporated or Qualified
06/09/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 DoublePlay inc

26 1901 ESTERO BLVD FT. MEYERS BEACH 33931

4. FEI Number
65-0583154

Applied For
Not Applicable

Suite, Apt. #, etc
E

Suite, Apt. #, etc

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Ft MYERS BEACH FL

28 City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 33931

25 USA

29

30 Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

81 Name

WOLFE, LARRY

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

200-A JOHN KNOX RD

83

TALLAHASSEE

84 City

TALLAHASSEE

FL

85 Zip Code

32303-6643

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
CACCIO, JOHN
STREET ADDRESS 1901 ESTERO BLVD., STORE E
CITY-ST-ZIP FT. MEYERS BEACH FL 33912

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

NAME D
PLANNER, WALLY
STREET ADDRESS 1901 ESTERO BLVD., STORE E
CITY-ST-ZIP FT. MEYERS BEACH FL 33912

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

SAME

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #