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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000058735 (8)

DDCC INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Principal Place of Business 4232 W. FAIRFIELD DRIVE PENSACOLA FL 32505

Mailing Address 4232 W. FAIRFIELD DRIVE PENSACOLA FL 32505

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 07/27/1995

59-3325549

5. Certificate of Status Desired

4. FEI Number

City & State	6	City & State				6. Election Campaign Finance	oing	\$5.00	May Be	
a]			28				Trust Fund Contribution		Added to	
Zip		Country	Zip		Country		8. This corporation owes or	has paid the cu	rrent year Inte	ingible
24	25			29 30		Personal Property Tax due June 30. Yes No				
		Address of Current	Registered Agent		10. Name and Address of N	ew Registered	Agent			
TARA, ROBERT J						Name				ļ
2101 SCENIC HWY.						Street A	dress (P.O. Box Number is Not Ac	ceptable)	·	
APT. L207										
PENSACOLA FL 32503										
						City			85 Zip C	`oda
					84	City		FL	_ 20 20	~~~
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 prixed name of registered agent and little if applicable (NOTE Registered Agent alignature required when reinstating) DATE										
12.		OFFICERS AND		Ī	13.		ADDITIONS/CHANGES TO		D DIRECTOR	S IN 12
TITLE	P			DELETE	1.1 TITLE				Change	Addition
NAME	tara, Robe	rt J.			1.2 NAME					
STREET ADDRESS	4232 W. FAII	rfieud drive			1.3 STREET	ADDRESS				1
CITY-ST-ZIP	PENSACOLA	FL		•	1.4 CiTY-S	ſ				[
TITLE	ST			DELETE	21 TITLE				Change	Addition
NAME	TARA, ANDR	EA L.			22 NAME	1				
STREET ADDRESS		rfield drive		1	2.3 STREET	ADDRESS				ĺ
CITY-ST-ZIP	PENSACOLA	FL			2. 4 CITY-1	i				1
TITLE				DELETE	3.1 TITLE	,, .,		····	Change	Addition
NAME					32 NAME				•	i
STREET ADDRESS					3.3 STREET	ADDRESS				
CITY-ST-ZIP				ı	3.4. CITY - 5	ſ				: [
TITLE		··		DELETE	4.1 TITLE	""			Change	Addition
NAME			_		4. 2 NAME	ţ			•	l
STREET ADDRESS				1	4.3 STREET	ADORESS				ĺ
CITY-ST-ZIP					4.4 CITY-S					Į
TITLE				DELETE	5.1 TITLE				Change	Addition
NAME			_		5.2 NAME	ł				
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY-ST-ZIP				- 1	54 CITY-S	1				ĺ
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	6.1 TITLE				Change	Addition
NAME			-		6.2 NAME				•	
STREET ADDRESS				Í	6.3 STREET	ADDRESS				ĺ
CITY-S1-ZIP					6.4 CITY-S					1
14. I hereby o	pertify that the info	rmation supplied with	this filing does no	ot qualify for th	ie exemp	tion state	in Section 119.07(3)(i), Florida Stat	tutes. I further c	ertify 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.										
Block 12 or Block 13 if changed, or on an attachment with an address. Andrea L. 1428 98 8504560074										