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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093031

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90132 005 ***150.00

D&D EN	Terprises of Northwes	T FLORIDA, INC.						
Principal Place	of Business	Mailing Address				il Billi dogil odili tal		10101 (101 1801
•		4985 GLOVER LANE						
4985 GLOVER LANE 4985 GLOVER LANE MILTON FL 32570 MILTON FL 32570				_				
MILION TO DESTO					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated	or Qualifed		
					12/06/1995			
2. Principal Pl	ace of Business	2a. Mailing Address	-		4. FEI Number			plied For
21		26		·	59-3366201			t Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status	s Desired 🔲	\$8.75 A Fee Re	II
22		City & State			B. Etti Oion		\$5.00	
City & State	9	⊢ '			6. Election Campaign Trust Fund Contrib	- 11	Added to	
Zip	Country		Country		8. This corporation or			1
	25	⊢	30		Personal Property		Yes	□No
24	9. Name and Address of Current				10. Name and Addre		stered Agent	.]
			81	Name				
PADO	GETT, JAMES D				Address (P.O. Box Number is	Not Accordable)		
4985 GLOVER LANE			82	Street	Address (P.O. Box Number is	Not Acceptable)		
MILT	ON FL 32570		83					
							05 7:- 6	200
			84	City			FL 85 Zip C	,oue
							ose of changing its	registered
agent. I ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations are the section of the sec	ions or, Section 607.0505, Flo	nda Statutęs				e appointment as req	gistered
agent. I ai	m familiar with, and accept the obligation	and title if applicable. (NOTE	nda Statutęs		equired when reinstating)			
agent. I as SIGNATURE	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered Agen		equired when reinstating)		DATE	
agent. I ai	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered Agen		equired when reinstating)		DATE RS AND DIRECTO	RS IN 12
agent. I as SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P PADGETT, JAMES D	and title if applicable. (NOTE	Registered Agen 13. 1.1 TITLE 1.2 NAME		equired when reinstating)		DATE RS AND DIRECTO	RS IN 12
agent. Fai SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P PADGETT, JAMES D 4985 GLOVER LANE	and title if applicable. (NOTE	Registered Agen 13. 1.1 TITLE 1.2 NAME	nt signature re	equired when reinstating)		DATE RS AND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

4-15-99 1-850-623-5347
Date 1-850-623-5347