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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

24/07 941 924-1885

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000093281 (0)

DOUBLE D ACRES, INC.

appears in Block 12 or Bloc

SIGNATURE

Principal Place of Business Mailing Address 6647 IBIS STREET 6647 IBIS STREET SARASOTA FL 34241 SARASOTA FL 34241-9289 3. Date incorporated or Qualified 3a. Date of Last Report 12/07/1995 07/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0629483 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 **Trust Fund Contribution** Added to Fees ZiD Country B. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAGNEY, DENNIS 6647 IBIS STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34241 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition HAGNEY, DENNIS NAME 1.2 NAME 6647 IBIS STREET STREET ADORESS 1.3 STREET ADDRESS SARASOTA FL 34241 CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY - ST- ZIP 2 4 CITY-ST-ZIP DELETE THEF 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C/TY - ST - 7/P 3.4. CITY - ST-ZIP DELETE THE 4.1 TITLE Addition NSME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE THE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-S1-ZIP 5.4 CHY-ST-ZIP DELETE Tillet 6.1 TITLE Change Addition NAME 6.2 NAME STREET ACORESS 6.3 STREET ADDRESS CITY - ST - ZH 64 CITY-ST-ZIP

14. If do 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 opport or supplemental annual refer is true and accurate and that my signature shall have the same legal effect as if made under path; that am an officer or director of the opportunity of the remover of the proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name