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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000020513 (3) DOCUMENT #

DOUBLE R DESIGN, INC.

Principal Place of Business Mailing Address 1147 KING ARTHUR COURT 1147 KING ARTHUR COURT SUITE 208 SUITE 208 DO NOT WRITE IN THIS SPACE **DUNEDIN FL 34698 DUNEDIN FL 34698** 3. Date Incorporated or Qualified 03/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3375455 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 28 Trust Fund Contribution Added to Fees 23 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HALL, DONALD 28050 US 19 NO Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34821** 83 84 City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition PSD DELETE 1.1 TITLE TITLE NAME REITZ, RANDOLPH M 1.2 NAME 1147 KING ARTHUR COURT STE 208 1.3 STREET ADDRESS STREET ADDRESS DUNEOIN FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change \_\_\_ Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 

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.

5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

6.4 CiTY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

**FILED** Feb 19 1998 8:00am Secretary of State



\_\_\_ Addition

☐ Change