

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025457 (8)

1. Corporation Name

D & D COMPANY OF ORLANDO, INC.

Principal Place of Business

24 GULF BLVD., UNIT 2A
INDIAN ROCKS BEACH FL 34835

Mailing Address

24 GULF BLVD., UNIT 2A
INDIAN ROCKS BEACH FL 33785-3904



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4707 - 140 Avenue N.		26 4707 - 140 Avenue N.		03/07/1996	
22 Suite, Apt. #, etc. 216		27 Suite, Apt. #, etc. 216		4. FEI Number	Applied For
23 City & State: Clearwater, FL		28 City & State: Clearwater, FL		59-3395593	Not Applicable
24 Zip: 34622		29 Zip: 34622		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country: Pinellas		30 Country: Pinellas		6. Election Campaign Financing	\$5.00 May Be Added to Fees
				7. Trust Fund Contribution	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DUNHAM, STEVEN M
24 GULF BLVD., UNIT 2A
INDIAN ROCKS BEACH FL 34835

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4707 - 140 Avenue North
83 Suite 216
84 City: Clearwater FL 85 Zip Code: 34622

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: STEVEN M. DUNHAM *Steven M. Dunham* DATE: April 28, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/S/T <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHAM, STEVEN M	12 NAME	
STREET ADDRESS	24 GULF BLVD., UNIT 2A	13 STREET ADDRESS	Suite 216
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 34835	14 CITY-ST-ZIP	34622
TITLE	P/D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, DIXIE	22 NAME	
STREET ADDRESS	4707 - 140 Avenue North	23 STREET ADDRESS	
CITY-ST-ZIP	Suite 216	24 CITY-ST-ZIP	
TITLE	Clearwater, FL 34622 <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 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.

SIGNATURE: *Steven M. Dunham* SECRETARY/Treasurer DATE: April 28, 1997 813/523-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0394778

CR2E034 (9/96)