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FILED  
May 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000052304 (8)

1. Corporation Name  
DDDS II, INC.

Principal Place of Business  
PO BOX 14741  
TALLAHASSEE FL 32317-4741

Mailing Address  
PO BOX 14741  
TALLAHASSEE FL 32317-4741



3. Date Incorporated or Qualified 06/19/1996  
3a. Date of Last Report

4. FEI Number 59-3418213  
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 3323-C Thomasville Road  
Suite, Apt. #, etc.  
22  
City & State Tallahassee FL  
Zip 32312 Country Leon  
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9. Name and Address of Current Registered Agent

PATE, BONNIE H  
3323-C THOMASVILLE RD.  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name Not Applicable No change  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL  
85 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.

SIGN

12. Bonnie H. Pate is  
Registered Agent  
And President.  
There are no other  
officers or directors

5/20/97

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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: Bonnie H. Pate, President 4/15/97 904-385-1133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)