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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary & State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000015119 (5)

D & D DESIGNS, INC.

Mailing Address

## **FILED** Apr 15 1998 8:00am Secretary of State



| Principal Place                | e of Business               | Mailing Address                       |                           |                 |                       | t (601/00) sië rate radu basit dater dater falle riller eres traet freis ser i fall |   |
|--------------------------------|-----------------------------|---------------------------------------|---------------------------|-----------------|-----------------------|---|---|
| 5456-C W. CRENSHAW STREET      |                             |                                       | 5456-C W. CRENSHAW STREET |                 |                       |   |   |
| TAMPA FL 33634                 |                             |                                       | TAMPA FL 33634            |                 |                       |   | DO NOT WRITE IN THIS SPACE  |
|                                |                             |                                       |                           |                 |                       |   | 3. Date Incorporated or Qualified   |
|                                |                             |                                       |                           |                 |                       |   | 02/11/1997  |
| 9 Principal P                  | lace of Rusinges            | · · · · · · · · · · · · · · · · · · · | 2a, Mailing Addre         |                 |                       |   | 4. FEI Number Applied For   |
| 2. Principal Place of Business |                             |                                       | 26                        |                 |                       |   | 59-3342/53 Not Applicable   |
| Suite, Apt. #, etc.            |                             |                                       | Suite, Apt. #, etc.       |                 |                       |   | \$8.75 Additional   |
| 22                             |                             |                                       | 27                        |                 |                       |   | 5. Certificate of Status Desired Fee Required                                 |
| City & State                   |                             |                                       | City & State              |                 |                       |   | 6. Election Campaign Financing \$5.00 May Be                                  |
| 23                             |                             |                                       | 28                        |                 |                       |   | Trust Fund Contribution Added to Fees   |
| Zip                            | Cou                         | intry                                 | Zιρ                       |                 | Country               | ,   | 8. This corporation owes othas paid the current year Intangible               |
| 24                             | 25                          | i.                                    | 29                        | 30              |                       |   | Personal Property Tax due June 30. 🖸 Yes 🔲 No                                 |
| 1                              |                             | dress of Current A                    | egistered Agent           |                 |                       |   | 10. Name and Address of New Registered Agent                                  |
| CAI                            | RMACK, DENNIS               |                                       |                           |                 | B1                    | Name  |   |
|                                | 6-0 W. CRENSHA              |                                       | P2 Stroot A               |                 |                       | Address (D.O. Doy Number is Alet Assessable)  |   |
| TAMPA FL 33634                 |                             |                                       | 82                        |                 |                       | Street  | Address (P.O. Box Number is Not Acceptable)                                   |
| TEM                            | 11711 6 00001               |                                       |                           |                 | 83                    | l   |   |
|                                |                             |                                       |                           |                 |                       |   |   |
|                                |                             |                                       |                           |                 | 84                    | City  | FL 85 Zip Code  |
| 11 Pursuant                    | to the provisions of S      | Sections 607 0502 at                  | nd 607 1508. Florid       | a Statutes, the | abov                  | e-named   | corporation submits this statement for the purpose of changing its registered |
| office or r                    | egistered agent, or b       | oth, in the State of F                | itorida. Such chanc       | e was author    | ized b                | v the cord  | poration's board of directors. I hereby accept the appointment as registered  |
| =                              | m familiar with, and a      | C                                     | , 1 <del>1 /</del>        | 1505, Florida s | iaiuie                | s   | 3-17-96   |
| SIGNATURE                      | Standare typed or printed a | nane of registered appentian          |                           | (NOTE Regis     | Lered Ao              | AC  | required when re-installing) DATE   |
| 12.                            |                             | OFFICERS AND D                        |                           |                 | 3.                    |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                             |
| TITLE                          |                             |                                       | DEI                       |                 | 1 TITLE               |   |   |
| NAME                           |                             |                                       |                           | 1               | 2 NAME                |   | Dennis Carmack Change Daddition President/Trugs. 5456 w crenshaw              |
| STREET ADDRESS                 |                             |                                       |                           | 1               | 3 STALES              | ADDRESS   | 5456 W Crenshaw   |
| CITY-ST-ZIP                    |                             |                                       |                           | 1               | 4 CITY - S            | SY-ZIP  | Tampa FL 33634  |
| TITLE                          |                             |                                       | ☐ DEt                     |                 | 1 TITLE               |   | Dabbie Carmack.   Change Addition   |
| NAME                           |                             |                                       |                           | 2               | 2 NAME                |   | vice President / Sectly.  |
| STREET ADDRESS                 |                             |                                       |                           | 2               | a STREET              | ADDRESS   | 5456 W Crenshaw   |
| CITY-ST-ZIP                    |                             |                                       |                           |                 | 4 CITY-               |   | Tampa FL 33634  |
| TITLE                          |                             |                                       | ☐ DEL                     |                 | 1 TITLE               |   | Change Addition   |
| NAME                           |                             |                                       |                           | 3               | 2 NAME                |   |   |
| STREET ADDRESS                 |                             |                                       |                           |                 |                       | ADDRESS   |   |
| CITY-ST-ZIP                    |                             |                                       |                           |                 | 4. CITY -             |   |   |
| TITLE                          |                             |                                       | DEI                       |                 | 1 1(TLE               | E-1   | Change Addition   |
| NAME                           |                             |                                       | <del></del>               |                 | 2 NAME                |   |   |
| STREET ADDRESS                 |                             |                                       |                           |                 |                       | ADDRESS   |   |
| CITY-ST-ZIP                    |                             |                                       |                           |                 | 4 CITY-S              |   |   |
| TITLE                          |                             | <del> </del>                          | ☐ DEL                     |                 | 1 TITLE               | 21 - 211  | ☐ Change ☐ Addition   |
| NAME                           |                             |                                       |                           |                 | 2 NAME                |   |   |
| STREET ADDRESS                 |                             |                                       |                           |                 |                       | ADDRESS   |   |
|                                |                             |                                       |                           |                 |                       |   |   |
| CITY-ST-ZIP<br>TITLE           |                             |                                       | DEL                       |                 | 4 CITY - 9<br>1 TITLE | 51 · £1P  | ☐ Change ☐ Addition   |
|                                |                             |                                       | ي الدر                    |                 |                       |   |   |
| NAME                           |                             |                                       |                           |                 | 2 NAME                | LDDDFOO   |   |
| STREET ADDRESS                 | e<br>J                      |                                       |                           |                 |                       | ADDRESS   |   |
| CITY-ST-ZIP                    |                             |                                       |                           | 6               | 4 CITY - S            | ST-ZIP  |   |

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 trusted 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.

2 17 96

012-011-1711-