PROFIT CORPORATION ROPER JAUNNA

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700030487

D D L ENTERPRISES, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90015 013 ***150.00



Principal Place	of Business	Mailing Address			1 10011001 110 101	g gr d B111 681		,!!! 5:45!	
23390 S.W. MAF	RTIN HWY	23390 S.W. MARTIN HWY							
OKEECHOBIE FL 34974 OKEECHOBEE FL 34974				Ì	DO NOT WRITE IN THIS SPACE				
				3. D:	ate Incorporated				
1				I -	4/03/1997				į
2 Princips I Pl	ace of Business	2a. Mailing Address			El Number			Ap	plied For
21 No 3	A)(1) 282 od St.	26 P.O. BO	x 589	5	9-3441900			No	Applicable
Suite, Apt.	_ 	Suite, Apt. #, etc.	<u> </u>					\$8.75	dditional
22	,,	27		5. C	ertifcate of Statu	s Desired		Fee Re	₁uired
City & State		City & State		6. E!	ectic n Campaigr	r Financing		\$5.00	May Be
23 1 2010	herry FL	28 Newberr	i. FC	(Tr	ust Fund Contrib	oution		Added t	o Fees
Zip	Country	Zip	Country	8. Th	nis corporation o	wes the curr	ent year in	ntangible	
24 326	69 25 USA	29 32669 30	U.S.A.		ersonal Property			Yes	Z/No
<u> </u>	9. Name and Adcress of Curren	Registered Agent		10. N	ame and Addre	ss of New F	legister d	l Agent	
			81 Name	1 000	To	nice	R		
	E, DENISE R		82 Street	Lane	. Box. Number is	Not Accepte	<u></u>		
20390 S.W. MARTIN HWY				13 1		nd S] [
OKE	ECHOBEE FL 34974		83						
			84 64					85 Zip (ode
			84 City	newb	erry		FL	_ 132	669
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named	corporation s	ubmi's this state	ment for the	purpose o	f changing its	registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	cf Florida. Such change was auth	iorized by the corp	oration's boar	d of directors. I h	iereby accep	ot the appo	ointment as re	gistered
	II lamiliar with, and accept the obliga	itions of, Section dov. 6566, 2 (3) of	o Cidences.						
SIGNATURE	Signature, typed or printed na ne of registered ager	nt and tatle if applicable. (NOT 5: Re	gistered Agent signature				DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		DITIONS/CHAN	GES TO OF	FICERS 4		
TITLE	D	☐ DELETE	1.1 TITLE	DVS		•		Change	Addition
NAME	LANE, DANNY T		1.2 NAME	Lane,	Donny To	61			
STREET ADDRESS	23390 S.W. MARTIN HWY		1.3 STREET ADDRESS	1613 N	w 182 m	<i>⊃</i> *≀			
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST-ZIP	Dewbe	erry, FL 3)d667			
TITLE	D	☐ DELETE	2.1 TITLE	コッド、て	4	0		Change	Addition
NAME	LANE, DENISE R		2.2 NAME	Lane,	Denise	, K.			
STREET ADDRESS	23390 S.W. MARTIN HWY		2.3 STREET ADDRESS	1613 206	282 md	51.			
CITY-ST-ZIP	OKEECHOBEE FL 34974		2. 4 CITY-ST-ZIP	Newbe	rry, FL .	32669			
TITLE	VILLED TO WITH TE WITH T	☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4 1 TITLE					☐ Change	Addition
NAME		_	4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
			44 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	 				☐ Change	Addition
		<u> </u>	5.2 NAME						
NAME CONCERT ADDRESS			5 3 STREET ADDRESS						
STREET ADDRESS			5.4 CITY-ST-ZIP						
CITY-ST-ZIP			6.1 TITLE	 				Change	Addition
TITLE		LJ DECET	62 NAME						
NAME			6.3 STREET ADDRESS						
STREET ADDRESS									
CITY-ST-ZIP			64 CITY-ST-ZIP	1					

14. Thereby 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 cartify 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 eath; that I am an officer or director of the corporation or the receivar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with a lighter than the information supplied with this filing does not qualify for the exemption stated in Section 119.07-3)(i), Florida Statutes. I further cartify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07-3)(i), Florida Statutes. I further cartify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07-3)(i), Florida Statutes. I further cartify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07-3)(i), Florida Statutes. I further cartify that the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on th

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

4-20-99

Daytime Phone #

CR2E034 (11/98