

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000033990 (7)

1. Corporation Name

D & D SERVICE & REPAIR, INC.



Principal Place of Business

2131 CASCADE BLVD #302
KISSIMMEE FL 34741

Mailing Address

2131 CASCADE BLVD #302
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

59-3456645

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 D & D Service & Repair Inc

Suite, Apt. #, etc.

22 705 Bogie Ct.

City & State

23 Kissimmee, FL

Zip

24 34759

Country

25 Polk

2a. Mailing Address

26 705 Bogie Ct.

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL

Zip

29 34759

Country

30 Polk

9. Name and Address of Current Registered Agent

SPHALER, THERESA
201A E RUBY AVE
KISSIMMEE FL 34741

81 Name

SPHALER, Theresa

82 Street Address (P.O. Box Number is Not Acceptable)

210 E Monument Ave

83

84 City

Kissimmee

FL

85 Zip Code

34741

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DENNIN, DAVE
STREET ADDRESS 2131 CASCADE BLVD #302
CITY-ST-ZIP KISSIMMEE FL 34741

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME DENNIN, DAVE
1.3 STREET ADDRESS 2131 CASCADE BLVD #302
1.4 CITY-ST-ZIP KISSIMMEE, FL 34759

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

SPHALER, THERESA

5-24-SV 941-422-120

CR2E034 (5/98)