Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90014 013 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000034293**

1. Corporation Name

DOUBER	RLY MELON SALES, INC.					. 11					
Principal Place	e of Business	Mailin	Mailing Address				-	((881) 94 14 14 14 14 14 14 14	.,,		
			W 122ND TERRACE								
			NEWBERRY FL 32669			DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualifed			
ļ							1	04/15/1997			{
2. Principal P	lace of Business	2a. Ma	2a. Mailing Address				4.	FEI Number		11	Applied For
21		26	26				_ Լ	59-3454471			Not Applicable
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				5	Certificate of Status Desired			Additional
22		27	27				J.	Cerpicate of Status Desired	ى 	Fee	Required
City & State	e	Ci	City & State				6.	Election Campaign Financing			O May Be
23		28						Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip		Country			8.	This corporation owes the curr	ent year Inta		
24	25 29 30			10				Personal Property Tax.		Yes	□No
Name and Address of Current Registered Agent					ĺΝ		10.	Name and Address of New F	legistered /	gent	
LANCASTER, SHEREE H					Name					ļ	
· ·				82	2 Street Address (P.O. Box Number is Not Acceptable)						
109 EAST WADE STREET				<u> </u>							
TRENTON FL 32693				83	3						ĺ
ļ				84	C	ity				85 Zi	p Code
					İ	•			<u> FL</u>		·
Affice of r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida 3	Such change was auf	DODZEG DV	/ fhe	med corpo corporation	oration n's bo	n submits this statement for the pard of directors. I hereby accep	purpose of a t the appoin	hanging tment as	its registered registered
SIGNATURE									DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe 12. OFFICERS AND DIRECTORS					ent sigi	nature required		einstating) ADDITIONS/CHANGES TO OF		DIREC	TORS IN 12
TILE					1.1 TITLE			ADDITIONS/CHANGES TO OF	ICENO AIT	☐ Chang	
NAME	DOUBERLY, WILLIAM P SR.			1.2 NAME							
and a superior of the superior				1.3 STREET ADDRESS							ļ
TOTATOM F1 00000					1.4 CITY-ST-ZIP						ł
CITY-ST-ZIP					2.1 TITLE					Chang	e Naddition
					2.1 IIILE 2.2 NAME						
The state of the s				1	2.2 NAME 2.3 STREET ADDRESS						ĺ
NEWDEDDY EL 2000											,
CITY-ST-ZIP	NEWDERNI PL 32009		T] DELETE	2. 4 CITY-1	ST-ZIF					Chang	e
TITLE			C) Nerete								- []
NAME				3.2 NAME							Į
STREET ADDRESS					TADO	RESS					

6.4 CITY-ST-ZIP CITY-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 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition