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FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000071143 (6)**

1. Corporation Name

D.D.D. & K., INC.

Principal Place of Business

Mailing Address

**2451 TAMARIND ST
ST JAMES CITY FL 33956**

**PO BOX 740
ST JAMES CITY FL 33956**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1997

4. FEI Number

65-0784528

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERBOTT BROWN, DEBORAH L
2451 TAMARIND ST
ST JAMES CITY FL 33956**

81 Name

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.

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

TITLE

D

NAME

HERBOTT BROWN, DEBORAH L

STREET ADDRESS

2451 TAMARIND ST

CITY-ST-ZIP

ST JAMES CITY FL 33956

1.1 TITLE

P/D

1.2 NAME

HERBOTT SR. DAVID B

1.3 STREET ADDRESS

3890 GED SAWYER LA

1.4 CITY-ST-ZIP

ST JAMES CITY FL 33956

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE

V/D

2.2 NAME

HERBOTT BROWN, DEBORAH L.

2.3 STREET ADDRESS

2451 TAMARIND ST

2.4 CITY-ST-ZIP

ST JAMES CITY FL 33956

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

S

3.2 NAME

HERBOTT, KEITH M.

3.3 STREET ADDRESS

2451 TAMARIND ST

3.4 CITY-ST-ZIP

ST JAMES CITY FL 33956

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

T

4.2 NAME

HERBOTT JR. DAVID B

4.3 STREET ADDRESS

2451 TAMARIND ST

4.4 CITY-ST-ZIP

ST JAMES CITY FL 33956

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Herbott Brown

4-3-98

941-283-1816

CR2E034 (10/97)