

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90031 047 ***150.00

DOCUMENT # P97000071143

1. Corporation Name
D.D.D. & K., INC.



Principal Place of Business
2451 TAMARIND ST
ST JAMES CITY FL 33956

Mailing Address
PO BOX 740
ST JAMES CITY FL 33956

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 08/15/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0784528	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 29		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HERBOTT BROWN, DEBORAH L 2451 TAMARIND ST ST JAMES CITY FL 33956				10. Name and Address of New Registered Agent	
				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 SAME

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBOTT BROWN, DEBORAH L	1.2 NAME	
STREET ADDRESS	3890 GEOSAWYER LA	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL 33956	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBOTT, DAVID B	2.2 NAME	
STREET ADDRESS	3890 GEOSAWYER LA	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL 33956	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBOTT, KEITH M	3.2 NAME	
STREET ADDRESS	2451 TAMARIND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL 33956	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBOTT, DAVID B JR	4.2 NAME	
STREET ADDRESS	2451 TAMARIND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL 33956	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

David B Herbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/99

941-980-4916

CR05034 (11/98)

0452221