

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90001 043 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000040544**

1. Corporation Name  
**D & D GOURMET ENTERPRISES, INC.**

Principal Place of Business  
 237 SHADY OAK CIRCLE  
 LAKE MARY FL 32746

Mailing Address  
 237 SHADY OAK CIRCLE  
 LAKE MARY FL 32746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 262 Towne Center Circle		26 237 Shady Oak Circle		05/01/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3508937	
City & State		City & State		Applied For	
23 Sanford, FL		28 Lake Mary, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 32771		29 32746		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Seminole		30 Seminole		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

KP & L SERVICES, INC. 390 NORTH ORANGE AVENUE, SUITE 600 ORLANDO FL 32801		10. Name and Address of New Registered Agent			
81 Name		Darlene Johnson			
82 Street Address (P.O. Box Number is Not Acceptable)		237 Shady Oak Circle			
83					
84 City		Lake Mary		85 State	FL
				86 Zip Code	32746

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darlene Johnson	1.2 NAME	
STREET ADDRESS	237 Shady Oak Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Mary, FL 32746	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel R. Johnson	2.2 NAME	
STREET ADDRESS	237 Shady Oak Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Mary, FL 32746	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer R. Johnson TURNER	3.2 NAME	
STREET ADDRESS	237 Shady Oak Circle	3.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Mary, FL 32746	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel R. Johnson, Jr.	4.2 NAME	
STREET ADDRESS	237 Shady Oak Circle	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Mary, FL 32746	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: Darlene Johnson 3/29/99 407-330-7112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR7E034 (11/98)