## 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 # P98000074396

1. Corporation Name

DDI CONSTRUCTION SERVICES, INC.

Prir	icipal	Place	of E	Business	
007	DD/EE	31 (IE) A (	A115		

Mailing Address

627 RIVERVIEW AVE

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90135 029 \*\*\*150.00



ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32714		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 08/24/1998
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26 POBON 161	835	59 - 35 Z7 2// Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28 ALT. SP. FL		Trust Fund Contribution Added to Fees
Zip	Country	,	Country	8. This corporation owes the current year Intangible
24	25	29 32716 30	USA	Personal Property Tax. Yes 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81 Name	
LEIG	H, RICHARD A			
	LEE ROAD, STE. 360		82 Street	Address (P.O. Box Number is Not Acceptable)
WINTER PARK FL 32789			83	
				85 Zip Code
			84 City	FI 85 Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author tions of, Section 607.0505, Florida S	Statutes.	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
,	Signature, typed or printed name of registered ager			required when reinstating)  DATE  ADDITIONAL CHANGES TO DEFICE BY AND PURE CTORS IN 12
12.	<del> </del>		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D BORLOW BORERT B		I.1 TITLE	PRESIPINT DORLON, ROBERT P
NAME	DORLON, ROBERT P		I.2 NAME	10 BON 161855
STREET ADDRESS			1.3 STREET ADDRESS	AUT. SP. FI 32716-1835
CITY-ST-ZIP TITLE	ALTAMONTE SPRINGS FL 327		1.4 CITY-ST-ZIP 2.1 TITLE	VICE PRESIDENT Change Addition
NAME		_	2.2 NAME	DORLON, RUTHANNE M
STREET ADDRESS			3 STREET ADDRESS	1 PO6 + 12 16 10 3-5
CITY-ST-ZIP		B 1	2. 4 CITY-ST-ZIP	AUT. SP. FI 32716-1835
TITLE			3.1 TITLE	☐ Change ☐ Addition
NAME		3	3.2 NAME	
STREET ADDRESS		3	3.3 STREET ADDRESS	,
CITY-ST-ZIP		3	3.4. CITY-ST-ZIP	
TITLE		☐ DELETE 4	1.1 TITLE	Change Addition
NAME			1. 2 NAME	
STREET ADDRESS		4	4.3 STREET ADDRESS	3
CITY-ST-ZIP			4 CITY-ST-ZIP	There are
TITLE			5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	ή
CITY-ST-ZIP			5.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
TITLE			3.2 NAME	
NAME		i i	3.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP			J.+ GITT-QT-4JF	J. O. W. 440 07(3)(i) Elected State to Lifetime and that the information

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 informationate 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 on an attachment with an address, with all other like empowered.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR