SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093019 1. Corporation Name

DED DIDT INC

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90012 017 ***550.00

חבט טוו	KI, INC.			/		
Principal Place	e of Business	Mailing Address				8110 10100 11111 00101 11010 1011 1001
34342 MISSION VALLEY 34342 MISSION VALLEY						
DADE CITY FL 33525 DADE CITY FL 33525						
					DO NOT WRITE IN TH	IS SPACE
		1			3. Date Incorporated or Qualified	•
- Biring	lace of Business ONE PASCOCI	ENTER Address			11/02/1998 4. FEI Number	Applied For
2. Principal P	100 Annange An	2a. Mailing Address	6 4	15#2	59-3540001	Not Applicable
Suite, Apt.	109 LOMINERCE DE	Suite, Apt. #, etc.			·	\$8.75 Additional
22	=	27 = -			5. Certificate of Status Desired	Fee Required
City & Stat		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Sa	in Antonio, Fl	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year	Yes No
24 335		29 30	<u> </u>		Intangible Personal Property. 10. Name and Address of New Registers	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registers	a Agent
PAS	SHLEY, KAREN E			1		
34342 MISSION VALLEY				82 Street Address (P.O. Box Number is Not Acceptable)		
DADE CITY FL 33525				83		
			84	City	F	L 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered agent		Registered /	Agent signature rec	nuired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP OFFICERS AND	DELETE	1.1 TITLE		ADDITIONAL OF TO STRICE TO	Change Addition
NAME	PASHLEY, KAREN E		1.2 NAME			
STREET ADDRESS	34342 MISSION VALLEY		1.3 STREET	T ADDRESS		
CITY-ST-ZIP	DADE CITY FL 33525		1.4 CITY-S	T-ZIP		
TITLE	VPS	DELETE	2.1 TITLE			Change Addition
NAME	PASHLEY, WARREN J III		2.2 NAME			
STREET ADDRESS	34342 MISSION-VALLEY		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	DADE CITY FL 33525			T-ZIP		
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME	TADDRESS		
STREET ADDRESS			3.4 CITY-S	1		
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			<u> </u>
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		İ	5.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		L DELETE	6.1 TITLE			Change Addition
NAME						

6.3 STREET ADDRESS

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.