


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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90064 020 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000098900</b>					
1. Corporation Name <b>D &amp; D DISTRIBUTION, INC.</b>					
Principal Place of Business <b>4333 CYPRESS TRAILS DR POLK CITY FL 33868-3022</b>			Mailing Address <b>4333 CYPRESS TRAILS DR POLK CITY FL 33868-3022</b>		
2. Principal Place of Business <b>4725 LAKEHAWK COMMERCIAL PKWY</b>		2a. Mailing Address <b>SAME</b>		3. Date Incorporated or Qualified <b>11/24/1998</b>	
21 Suite, Apt. #, etc. <b>19 + 20</b>		27 Suite, Apt. #, etc. <b>SAME</b>		4. FEI Number <b>593547560</b>	
22 City & State <b>LAKEHAWK, FL</b>		28 City & State <b>SAME</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>33805</b>		29 Zip <b>POLK</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country <b>USA</b>		30 Country <b>USA</b>		8. 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 <b>LAWSON, MICKEY 4333 CYPRESS TRAILS DR POLK CITY FL 33868-3022</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83 <b>SAME</b>		
			84 City <b>FL</b> 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 <b>Mickey Lawson</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>01/04/99</b>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME <b>LAWSON, MICKEY</b>					
1.3 STREET ADDRESS <b>4333 CYPRESS TRAILS DR</b>					
1.4 CITY-ST-ZIP <b>POLK CITY FL 33868-3022</b>					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME <b>LAWSON, LORETTA</b>					
2.3 STREET ADDRESS <b>4333 CYPRESS TRAILS DR</b>					
2.4 CITY-ST-ZIP <b>POLK CITY FL 33868-3022</b>					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME <b>LAWSON, MICKEY</b>					
3.3 STREET ADDRESS <b>4333 CYPRESS TRAILS DR</b>					
3.4 CITY-ST-ZIP <b>POLK CITY FL 33868-3022</b>					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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: **Mickey Lawson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/99

Date

Daytime Phone #

CR2E034 (1/98)