FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(8)

DOCUMENT # 1. Corporation Name

DODDING THE 9 MADDLE INC

Principal Place of Business Mailing Address								
747 MYRTLE TERRACE 747 MYRTLE TERRACE NAPLES FL 33940 NAPLES FL 33940			E					
WI LEG TE W	···	7W11 220 12 90010			3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1991 04/04/1995			
2. Principal Pla	ce of Business	2a. Mailing Address			4. F£I Number 65-0261889		⊢ +-	Applied For Not Applicable
Suite, Apt. #	. etc.	Suite Apt. #, etc						Additional
22		27			5. Certificate of Status Desired		Fee f	Required
Orty & State		City & State			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zφ	Country	Ziρ	Countr	y	8. This corporation has liability for Florida Statutes	intangible ta s [X] .No	ix under s	199.032,
24	9. Name and Address of Cu	rrent Registered Agent	30		10. Name and Address of New		Agent	
	g, Hallie and Addition of Ca	Total Hogistores Agent	81	Name				
BORRUS	O, JOSEPH P., JR.		82	Stroot Addr	ress (P.O. Box Number is Not Accepta	hle)		
	TLE TERRACE		L		ess (i.e. box Hamber is Not Necopts			
NAPLES	FL 33940		83	3				
			84	City		FL	85 Zı	p Code
SIGNATURE:	Signature typed or printed hank of registeries	ayında ditte dayık atası di	√17£. Rogetereu Ag			DATE.		
12.	OFFICERS PVPS	AND DIRECTORS	13.	т	ADDITIONS/CHANGES TO OF		Change	Add tion
TiTL€	BORRUSO, JOSEPH P., J	JOSEPH P. JR				L	Change	[_] A30 .1011
NAME STREET ADDRESS	747 MYRTLE TERRACE	, · ·	1.2 NAME	LADORESS				
CITY-ST-2IP	NAPLES FL		1.4 CITY	1				
TITLE		DELETE	2 1 70115				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY - S1 - 7iP		ED DELETE	2.4 C:TY				Change	Addition
11FLE		DELFTE	3 1 11/11			l		Mudition
NAME STREET ADDRESS			3.2 NAM6	FI ADDRESS				
CITY-ST-ZIP			3.4 City					
TiTLE		☐ DELETE	4 1 HJ.			1	Change	ncitibbA 🔲
NAME			4.2 NAMI					
STREET AUDRESS			4.3 S16E	FF ADDRESS				
CITY-ST-ZIP		FTOOLERS	4.4 CITY					- Addison
TITLE		DELETE	5 1 THEL			1	Change	Addition
NAME CANCEL ADDRESSE			5.2 NAMI	1				
STREET ADDRESS			5 4 Cily	ET ADDRÉSS - ST- 7IP				
CITY ST ZIP TITLE		DELETE	6 1 THL				☐ Change	☐ Addition
NAME		_	6.2 NAM					
STREET ADDRESS				ET ADDRESS				
City -ST-ZIP			6.4 C (TY					
certify that oath; that	the information indicated on this I am an officer or director of the c	annual report or supplemental ar	nnual report is t tee empowere:	rue and accura	for the exemption stated in Section 11 ate and that my signature shall have th iis report as required by Chapter 607, i	e same lega	Leffect as i	if made under

SIGNATURE:

4-13-96 941-263-1676