

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S82821 (7)
1. Corporation Name
DOUBLE NICKELS, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business 122 N. MAIN STREET LAKE PLACID FL 33852		Mailing Address 122 N. MAIN STREET LAKE PLACID FL 33852	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
g. Name and Address of Current Registered Agent STOBAUGH, JAMES R 38 MEADOWLAKE CIRCLE S. LAKE PLACID FL 33852		10. Name and Address of New Registered Agent 81 Name JAMES R. STOBAUGH 82 Street Address (P.O. Box Number is Not Acceptable) 28 MEADOWLAKE CIRCLE S. 83 84 City LAKE PLACID FL 85 Zip Code 33852	

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 JAMES R. STOBAUGH
Signature, typed or printed name of registered agent and title if applicable (NOT F. Registered Agent signature required when reinstating) DATE 1-14-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	STOBAUGH, JAMES R	1.2 NAME	
STREET ADDRESS	28 MEADOWLAKE CIRCLE S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE James R. Stobaugh Pres. JAMES R. STOBAUGH 1-14-98 941-4656061

CR2E034 (10/97)