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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(7)

| FILED | | | | | | |
|--------------------|--|--|--|--|--|--|
| Jan 21 1998 8:00am | | | | | | |
| Secretary of State | | | | | | |
| | | | | | | |

| DOUBLE NICKELS, INCORPORATED | | | | 100/10:0 404 101/0 1400/ 2010 1/00/ 1/00/ 1/00/ 1/00/ 0/00/ 0/00/ | ANI 61011 SIBN AIRN AIRN AIGH 1961 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------|------------------------------------|--|
| | | | | | | |
| Principal Place | e of Business | Mailing Address | | I 10001060 IBS 10110 ISBN 18818 1884 ISBN 01811 01 | PE BIBER BIBN BIBN BIBN BIBN 1981 | |
| 122 N. MAIN STREET 122 N. MAIN STREET | | | | | | |
| LAKE PLACID FL 33852 LAKE PLACID FL 33852 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | | |
| | | | | .09/25/1991 | | |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| Suite. Apt. #, etc. | | Suite. Apt. #, etc. | | 59-3090430 | Not Applicable \$8.75 Additional | |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zıp | Country | 8. This corporation owes or has paid the o | | |
| 24 | 26 | 29 | 30 | Personal Property Tax due June 30. 10. Name and Address of New Registere | Yes No | |
| | 9. Name and Address of Curr | ent Registered Agent | 81 Name | | | |
| | OBAUGH, JAMES R | | 110000 | SAMES R. STUB ess (P.O. Box Number is Not Acceptable) | Augh | |
| 38 MEADOWLAKE CIRCLE S. | | | 82 Street Addre | ress (P.O. Box Number is Not Acceptable) MEA Now LAKE C IRCLE | √ . | |
| LAR | (E Pla cid FL 33852 | | 83 | WICH /BW AFRE C TREAT | <u> </u> | |
| | | | 84 City | 1 200 | [as] Zin Codo | |
| | | | $ \cdot \cdot \cdot \cdot \cdot A$ | KE ALACIA F | | |
| 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 | | | | | | |
| 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 TAMES & STOBAUSK (NOTE Repistered Agent signature, typed or printed name of registered agent and title if applicable (NOTE Repistered Agent signature required when remistating) DATE | | | | | | |
| | Signature, typed or printed name of registered a | agent and title if applicable. (NOT IND DIRECTORS | 7: Registered Apent signature requite | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 | |
| 12. | D | DELETE | 1.1 TITLE | ADDITIONS/CITANGES TO OTT ICERS A | Change Addition | |
| 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 | | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 2.4 CITY-ST-ZIP | | Change Addition | |
| TITLE | | ☐ VELEIE | 3.1 TITLE 3.2 NAME | | C Cuarge C Rudillon | |
| NAME Street address | | | 3.2 NAME 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | <u></u> | 4.4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 City-St-ZiP | | Change Addition | |
| TITLE | | עבובונ. | 6.1 TITLE | | L. Criange L. Rudillon | |
| NAME expect annocce | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | 1 | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | Continue 440 07/2VI) Florido Plotutos I further | | |

Thereby 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 informatio 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 attachinght with an address.