

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

ANNUAL REPORT
1995

[illegible]

FILED
SECRETARY OF STATE
BUREAU OF CORPORATIONS

95 MAY -1 PM 12:47

DOCUMENT # **S96961**

(5)

DDCO, INC.

BOX 99 DESTIN FL 32540		BOX 99 DESTIN FL 32540		DO NOT WRITE IN THIS SPACE	
2. Date of Incorporation or Organization		2a. Mailing Address		3. Date Incorporated or Organized 11/26/1991	
21. State of Incorporation		2b. Mailing Address		3a. Date of Last Report 04/12/1994	
22. State of Address		2c. Mailing Address		4. FIC Number 59-3098092	
23. State of Address		2d. Mailing Address		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24. State of Address		2e. Mailing Address		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25. State of Address		2f. Mailing Address		7. This corporation has liability for intangible tax under S. 190.03, Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRIMSLEY, JAMES W. 25 WALTER MARTIN AVE FT WALTON BEACH FL 32548	B1	Name	
	B2	Street Address (P.O. Box Number is Not Acceptable)	
	B3		
	B4	City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 101 and 102 of the 1990 Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office to the address specified in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, upon the filing of this statement, the corporation agrees to pay the fee for the filing of this statement.

12.	OFFICIAL ADDRESS	13.	ADDITIONAL CHANGES TO OFFICIAL ADDRESS
NAME	D GRIMSLEY, JAMES W.	NAME	
OFFICIAL ADDRESS	P.O. BOX 2379	OFFICIAL ADDRESS	
CITY	FT WALTON BEACH FL	CITY	
STATE	V	STATE	
NAME	COBB, HENRY H	NAME	
OFFICIAL ADDRESS	30 CROSS CR PL	OFFICIAL ADDRESS	
CITY	BIRMINGHAM AL	CITY	
STATE	P	STATE	
NAME	BONEZZI, ROBERT A	NAME	
OFFICIAL ADDRESS	132 INDIAN BAYOU DR	OFFICIAL ADDRESS	
CITY	DESTIN FL 32541	CITY	
STATE		STATE	
NAME		NAME	
OFFICIAL ADDRESS		OFFICIAL ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
OFFICIAL ADDRESS		OFFICIAL ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
OFFICIAL ADDRESS		OFFICIAL ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
OFFICIAL ADDRESS		OFFICIAL ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
OFFICIAL ADDRESS		OFFICIAL ADDRESS	
CITY		CITY	
STATE		STATE	

RESUBMITTED BY MAY 1

RECEIVED BY MAY 1

SIGNATURE:

SIGNATURE, AND TYPED OR PRINTED NAME OF DESIGN OFFICER OR DIRECTOR

Robert A. Bonezzi

4/27/91

904 837 1637