

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V01939 (0)

1. Corporation Name

DOUBLE - B, INC.



Principal Place of Business

1400 CLEVELAND ST.  
CLEARWATER FL 34615

Mailing Address

1400 CLEVELAND ST.  
CLEARWATER FL 34615

3. Date Incorporated or Qualified  
12/23/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 915 Chestnut St.

26 915 Chestnut St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34617

25 U.S.A.

29 34617

30 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOZMOSKI, JOHN, JR.  
406 S. PROSPECT AVE.  
SUITE B  
CLEARWATER FL 34616

81 Name

Duane A. Daiker

82 Street Address (P.O. Box Number is Not Acceptable)

915 Chestnut St.

83

84 City

Clearwater

FL

85 Zip Code

34617

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

4/5/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME SMITH, WILLIAM A.  
STREET ADDRESS 1738 CARDINAL DR.  
CITY - ST - ZIP CLEARWATER FL ☐ DELETE

TITLE DV  
NAME MCLAUGHLIN, ROBERT R.  
STREET ADDRESS 1989 RADCLIFF DR E.  
CITY - ST - ZIP CLEARWATER FL ☐ DELETE

TITLE DT  
NAME KELLEY, JAMES E.  
STREET ADDRESS 206 MAYWOOD AVE S.  
CITY - ST - ZIP CLEARWATER FL ☐ DELETE

TITLE DS  
NAME KELLEY, SANDRA C.  
STREET ADDRESS 1718 EVANS DR.  
CITY - ST - ZIP CLEARWATER FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 (813) 797-2028

Date

Daytime Phone #

CR2E034 (12/95)