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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V01939 (0)
1. Corporation Name
DOUBLE - B, INC.

Principal Place of Business

Mailing Address

915 CHESTNUT ST
CLEARWATER FL 34617
US

915 CHESTNUT ST
CLEARWATER FL 34617
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1991

4. FEI Number

59-3098122

Applied For
Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 101 E. Kennedy Blvd.

2a. Mailing Address

26 101 E. Kennedy Blvd.

Suite, Apt. #, etc.
22 Suite 2800

Suite, Apt. #, etc.
27 Suite 2800

City & State
23 Tampa, FL

City & State
28 Tampa, FL

Zip Country
24 33672 25 USA

Zip Country
29 33672 30 USA

9. Name and Address of Current Registered Agent

DAIKER, DUANE A
915 CHESTNUT ST
SUITE B
CLEARWATER FL 34617

10. Name and Address of New Registered Agent

81 Name

Daiker, Duane A.

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

101 E. Kennedy Blvd.

83

Suite 2800

84 City

Tampa

FL

85 Zip

33672

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

2-4-98

DATE

12. OFFICERS AND DIRECTORS

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 DY
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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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

Signature, typed or printed name of registered agent and title, if applicable

4-18-98

513-282-2028

CR2E034 (1097)