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FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V11344

(1)

1. Corporation Name

DOUBLE D TRANSPORT, INC.



Principal Place of Business

Mailing Address

~~6 LARISA TERRACE~~
~~ORMOND BEACH FL 32174~~

~~6 LARISA TERRACE~~
~~ORMOND BEACH FL 32174-3927~~

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.

26 764 CAROLWOOD CIE.
Suite, Apt. #, etc.

22 City & State

27 ORMOND BEACH FLA.

23 Zip Country

28 32174 FLORIDA

24 25

29 30

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3110022

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

~~SMITH, GERTRUDE P.~~
~~6 LARISA TERRACE~~
~~ORMOND BEACH FL 32174~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

RICHARD B. SMITH
764 CAROLWOOD CIE
ORMOND BEACH FL 32174

11. Pursuant to the provisions of Sections 607.02 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] DATE: 4-23-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: ~~PTS~~
NAME: ~~SMITH, GERTRUDE P.~~
STREET ADDRESS: ~~6 LARISA TERR.~~
CITY-ST-ZIP: ~~ORMOND BEACH FL~~

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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

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

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

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

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

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97

764-676-2932