

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 039 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000000361

1. Corporation Name

DBSB, INC.

Principal Place of Business

**3740 BEACH BOULEVARD
SUITE 300
JACKSONVILLE FL 32207**

Mailing Address

**3740 BEACH BOULEVARD
SUITE 300
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-3419630

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

30

9. Name and Address of Current Registered Agent

**DEMETREE, J C JR
3740 BEACH BOULEVARD
SUITE 300
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **DEMETREE, J C JR**
STREET ADDRESS **3740 BEACH BLVD #300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **CEO** ☐ DELETE

NAME **DEMETREE, JACK C**
STREET ADDRESS **3740 BEACH BLVD #300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VSAT** ☐ DELETE

NAME **DEMETREE, MARK C**
STREET ADDRESS **3740 BEACH BLVD #300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VPAS** ☐ DELETE

NAME **DEMETREE, CHRISTOPHER C**
STREET ADDRESS **3740 BEACH BLVD #300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VPAS** ☐ DELETE

NAME **DUNN, M. HARRIS**
STREET ADDRESS **3740 BEACH BLVD #300**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Handwritten Signature

8/10/99

(904) 398-7350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0000384

P97000000361
605856-90001-39

DBSB, Inc.

3740 Beach Boulevard, Suite 300
Jacksonville, FL 32207
Phone Number (904) 398-7350

August 10, 1999

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: DBSB, Inc.

Ladies and Gentlemen:

This year, we did not receive the First Notice 1999 Corporation Annual Report that we usually receive in February. Please find enclosed the second notice we have completed along with a check for amount due for filing timely. We ask that the late fee be waived.

Thank you for your assistance.

Sincerely,



M. Harris Dunn
Vice President

Enclosures (2)