FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700007607 (9)

DEBO PRODUCTS INC.

Principal Place of Business Mailing Address						4 SABULDBU 110 FRUIT JARUL ARULL BRUIT BRUIT RRIEF BRUIT RRIEF REVEL CRUE LARU	
1725 NW PINE AVENUE OCALA FL 34475		1725 NW PINE AVENUE OCALA FL 34475			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 01/01/1997	
2. Principal Pi	lace of Business	2a. Malling Address				4. FEI Number Applied Fo	.—-
21		26	26			59-34-37362 Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additions	1
22		27				5. Certificate of Status Desired Fee Required	
City & State	9	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip			Cou	ntry		8. This corporation owes or has paid the current year Intangible	
24	25	29	·			Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent	
NICHOLS, D				81	INATIIG		
1725 NW PINE AVENUE OCALA FL 34475				82	Street Add	ect Address (P.O. Box Number is Not Acceptable)	
00	MLM FL 344/3			83			
			ļ				
			B4	City	FL 85 Zip Code		
11, Pursuant t	to the provisions of Sections 607.	0502 and 607 1508, Florida Statu	ites, the at	ove-	named con	rporation submits this statement for the purpose of changing its registe	ed
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was bligations of, Soction 607.0505, F	authorized Iorida Stat	i by i utes.	the corpora	ation's board of directors. I hereby accept the appointment as register	d
SIGNATURE							
	Signature, typed or printed name of registered			Agen	l signature requi	uired when reinstating) DATE	
12.			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MOUGLO D	☐ DELETE	1.1 TITLE			Change Add	tion
NAME	NICHOLS, D 1725 NW PINE AVENUE			1.2 NAME 1.3 STREET ADDRESS 1.4 City-S1-Zip			
STREET ADDRESS	OCALA FL 34475						
CITY-ST-ZIP TITLE	OUNLY LE 94479	DELETE	2170		· ZIP	☐ Change ☐ Add	tion
NAME		المناه المنا	2.2 NA			Situlgs nea	
STREET ADDRESS			2.3 STREET ADDRESS		DORESS		
City-St-ZIP			2. 4 CITY - ST- ZIP				
TOTLE		DELETE				Change Add	lion
NAME		•	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		DDAESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		- ZIP		
TITLE	ITLE		4.1 TITLE			Change Add	tion
NAME			4. 2 NAME				ĺ
STREET ADDRESS			4.3 STREET ADDRESS		DDRESS		Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		· ZIP		
TITLE	DELETE		5.1 TIT	5.1 TITLE		☐ Change ☐ Add	tion
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS		DDRESS		
CITY-ST-ZIP		T agree	5.4 CITY-ST-ZIP		·ZIP		
TIALE		☐ DELFTE				Change Addi	ion
NAME			6.2 NA				
STREET ADDRESS			6.3 ST	REET A	DDRESS		

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 eath; 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 attackers with an address.

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FILED

Feb 06 1998 8:00am

Secretary of State