

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P97000102381 (5)**  
 1. Corporation Name  
**DBSB 2, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207**

Mailing Address  
**3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified  
**12/04/1997**

4. FEI Number  
**59-3481117**

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 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**DEMETREE, J C JR  
 3740 BEACH BLVD  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	DEMETREE, J.C., JR.
STREET ADDRESS		13 STREET ADDRESS	3740 BEACH BLVD., STE 300
CITY-ST-ZIP		14 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	21 TITLE	VP/S/AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	DEMETREE, MARK C.
STREET ADDRESS		23 STREET ADDRESS	3740 BEACH BLVD., STE 300
CITY-ST-ZIP		24 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	31 TITLE	VP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	DEMETREE, CHRISTOPHER C.
STREET ADDRESS		33 STREET ADDRESS	3740 BEACH BLVD., STE 300
CITY-ST-ZIP		34 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	41 TITLE	VP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	DUNN, M. HARRIS
STREET ADDRESS		43 STREET ADDRESS	3740 BEACH BLVD., STE 300
CITY-ST-ZIP		44 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	51 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	DEMETREE, JACK C.
STREET ADDRESS		53 STREET ADDRESS	3740 BEACH BLVD., STE 300
CITY-ST-ZIP		54 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: \_\_\_\_\_

CP2E034 (10/97)