

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

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 266624 (6)
1. Corporation Name
DBA SYSTEMS, INC.



Principal Place of Business
1200 S WOODY BURKE RD.
P O BOX 550
MELBOURNE FL 32902-0550

Mailing Address
1200 S WOODY BURKE RD.
P O BOX 550
MELBOURNE FL 32902-0550

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

3. Date Incorporated or Qualified
01/30/1963

4. FEI Number
59-0996417

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

9. Name and Address of Current Registered Agent
ROBERTSON, CHARLES B.
1200 S WOODY BURKE RD.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPDT	1.1 TITLE	CDP
NAME	SLACK, JOHN L.	1.2 NAME	Slack, John L.
STREET ADDRESS	1200 S. WOODY BURKE ROAD	1.3 STREET ADDRESS	1200 S. Woody Burke Rd.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL 32902-0550
TITLE	D	2.1 TITLE	
NAME	WEAVER, LYNN E., DR.	2.2 NAME	
STREET ADDRESS	150 W UNIVERSITY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Treasurer
NAME	ELLSWORTH, ROBERT F.	3.2 NAME	Bielski, Edward M.
STREET ADDRESS	818 CONNECTICUT AVE., N.W. STE.800	3.3 STREET ADDRESS	1200 S. Woody Burke Rd.
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	Melbourne, FL 32902-0550
TITLE	D	4.1 TITLE	
NAME	POTTER, WILLIAM	4.2 NAME	
STREET ADDRESS	700 S. BABCOCK STREET, 4TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BOYCE, THOMAS J.	5.2 NAME	
STREET ADDRESS	1200 S. WOODY BURKE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Charles B. Robertson 1-6-98 1-407-727 0660

CR2E034 (10/97)