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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90029 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 266624

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

3. Date Incorporated or Qualified

01/30/1963

4. FEI Number

59-0996417

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTSON, CHARLES B.
1200 S WOODY BURKE RD.
MELBOURNE FL 32901

81 Name

EDWARD M. BIELSKI

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

1200 Woody Burke Rd

83

84 City

Melbourne

FL

85 Zip Code

32901

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.

3/22/99

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 CDP
NAME SLACK, JOHN L
STREET ADDRESS 1200 S. WOODY BURKE ROAD
CITY-ST-ZIP MELBOURNE FL 32902

☒ DELETE

TITLE D
NAME WEAVER, LYNN E., DR.
STREET ADDRESS 150 W UNIVERSITY BLVD.
CITY-ST-ZIP MELBOURNE FL

☒ DELETE

TITLE T
NAME BIELSKI, EDWARD M
STREET ADDRESS 1200 S WOODY BURKE RD
CITY-ST-ZIP MELBOURNE FL 32902

☐ DELETE

TITLE D
NAME POTTER, WILLIAM
STREET ADDRESS 700 S. BABCOCK STREET, 4TH FLOOR
CITY-ST-ZIP MELBOURNE FL

☒ DELETE

TITLE D
NAME BOYCE, THOMAS J.
STREET ADDRESS 1200 S. WOODY BURKE ROAD
CITY-ST-ZIP MELBOURNE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

P

1.2 NAME

James C. Shaw

1.3 STREET ADDRESS

1200 S. Woody Burke Rd.

1.4 CITY-ST-ZIP

Melbourne, FL 32901

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

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

Edward M. Bielski

3/22/99

407-727-0660 X2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)