## 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 #

316568

(5)

D AND B ENTERPRISES, INC.

FILED Mar 24 1998 8:00am Secretary of State

2 1					
Principal Plac	e of Business	Mailing Address			II OIDIA DIDIA BIBII DIBIA IDDI
151 E CENTER AVE		P O BOX 1528			
PO BOX 1528		P. O. BOX 1528		DO NOT WRITE IN THIS SPACE	
SEBRING FL 33870 US		SEBRING FL 33871 US		3. Date Incorporated or Qualified	
US		US		05/09/1967	
2. Principal P	lace of Business	2a. Mailing Address	· ·	4, FEI Number	Applied For
21		26		59-1170037	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Oit 8 Ctal		City & State			Fee Required
City & State	e	28		B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25		30	Personal Property Tax due June 30.	X Yes ☐ No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
BOND, REX E.					
2206 SUNRISE DR			B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
SEBRING FL 33872					
			83		
	•		84 City		85 Zip Code
	1	FOR and COT 1500. Finding Chattage	the above period serv	F	of changing its registered
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 a	noon and lite if applicable (NOTE:	Registered Agent signature requi	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	٧D	☐ DELETE	1.1 TITLE		Change Addition
NAME	WITCHER, BETTE		1.2 NAME		
STREET ADDRESS	5318 ORION AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORFOLK VA		1.4 CITY-ST-ZIP		1 7 000
TITLE	PD	☐ DELETE	2 1 TITLE		Change  Addition
NAME	BOND, REX E		2.2 NAME		
STREET ADDRESS	2206 SUNRISE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 00000	☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE			3.1 THE 3.2 NAME		ondings Addition
NAME DEDUCE ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		(N)
STREET ADDRESS			5.3 STREET ADDRESS		マ~!!
CITY-ST-ZIP			5.4 CITY - ST - ZIP		704
TITLE		☐ DELETE	6.1 TITLE	8000024668	hange Addition
NAME			6.2 NAME	8000024668 -03/24/98010510	09
STREET ADDRESS			6.3 STREET ADDRESS	***150.00	
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 chapted, or on an attachment with an address.

ock 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/9)