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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90062 022 ***150.00

FILED

1999

DOCUMENT # 3 16568 (5)

1. Corporation Name D+B Enterprises, Inc

Principal Place of Business 151 E. Center Que

Sebring, 41 33810.

4560 Dernell Dr Sebring, 41 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

2. Principal Place of Blusiness 2. Mailing Address 3. Certificate of Status Desired Solit Applied For Not Applicable For Solit Applied For						2/04/61				
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	一 ,	r	·							
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Bond, Kex E. 22 OLD SUNTISE DRIVE SEDTING, +1 33812 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607 0505, Fiorida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NWE STREET ADDRESS CITY-ST-2P DELETE 13. TITLE OFFICERS AND DIRECTORS IN 12 12. NWE STREET ADDRESS CITY-ST-2P OFLETE 23. TITLE OFLETE 21. TITLE OCHANGE DELETE 23. TITLE OCHANGE Change Addition Addition NAME STREET ADDRESS CITY-ST-2P OFLETE 33. TITLE OCHANGE Change Addition Addition Addition Addition Addition Addition ACTY-ST-2P OFLETE STREET ADDRESS CITY-ST-2P OFLETE STREET ADDRESS STREET A	-			- 04	T Name	TU. Name and Address of New N	afiziaien vile	111		
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 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 1.1 TITLE OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 2.2 CMY-ST-ZP OFFICERS AND DIRECTORS 1.3 STREET ADDRESS 2.2 CMY-ST-ZP OFFICERS AND DIRECTORS 1.3 STREET ADDRESS 1.3 STREET		1 Rev E.	0 1	Name						
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	14 I borob	cordify that the information supplied with	this filler does not qualify for			ection 119 07(3)(i) Florida Statutes I	further certify t	hat the in	nformation	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the eceiver 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 chapter or trustee empowered, with all other like empowered.

SIGNATURE:

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

841-385-2561