

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

FILED

**Jun 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 351448 (6)
1. Corporation Name
DI-BON, INC.



Principal Place of Business: **3349 AL. HWY ROME GA 30165-1126 US**
Mailing Address: **46 ALBION DRIVE ROME GA 30165-1126 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
21 Suite, Apt. #, etc.
22 City & State:
23 Zip Country
24 25

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

3. Date Incorporated or Qualified
08/28/1969

4. FEI Number
59-1275135 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HINELY, W H
515 W. CENTRAL BLVD.
ORLANDO FL 32802**

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 607.1506, 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 *Donna J. Doegg Sec.* DATE **4/29/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DOEGG, DONALD E. | |
| STREET ADDRESS | 46 ALBION DRIVE SW | |
| CITY-ST-ZIP | ROME, GA 30161 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | DOEGG, DONALD KIETH | |
| STREET ADDRESS | 112 GRAY ROCK DRIVE | |
| CITY-ST-ZIP | ROME, GA 30161 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DOEGG, BONNIE J. | |
| STREET ADDRESS | 46 ALBION DRIVE SW | |
| CITY-ST-ZIP | ROME, GA 30161 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DOEGG, GARY L. | |
| STREET ADDRESS | 2805 LAKERIDGE CIRCLE | |
| CITY-ST-ZIP | ROME, GA 30161 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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***150.00

PE 6.8

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.

CR2E034 (10/97)