

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90073 014 ***150.00

DOCUMENT # 351448

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

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOEGG, DONALD E.	1.2 NAME	
STREET ADDRESS	46 ALBION DRIVE SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROME, GA 30161	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOEGG, DONALD KIETH	2.2 NAME	
STREET ADDRESS	112 GRAY ROCK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROME, GA 30161	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOEGG, BONNIE J.	3.2 NAME	
STREET ADDRESS	46 ALBION DRIVE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROME, GA 30161	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOEGG, GARY L.	4.2 NAME	
STREET ADDRESS	2605 LAKERIDGE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROME, GA 30161	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Bonnie J. Doegg SIGNATURE REQUIRED 4/21/99 Date Secretary Daytime Phone #

CR2E034 (11/98)