FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995.

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

APPROVED AND FILED
95 MAY -1 PM 2:29

DOCUMENT # 370098

1. Corporation Name
D.B.A. INC
1301 S.E 52 court
Ocala Fl. 34471

Principal Place of Business / Mailing Address
D.B.A
1301 S E 52 et
Ocala Fl. 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 9-22-1970
3a. Date of Last Report: 94

2. Principal Place of Business
21 [redacted]
Suite, Apt. #, etc. 22: 1301 S E 52 et
City & State 23: Ocala Fl
Zip 24: 34471 Country 25: Marion

2a. Mailing Address
26: 1301 S E 52 et. Ocala Fl
Suite, Apt. #, etc. 27: Ocala Fl
City & State 28:
Zip 29: 34471 Country 30: Marion

4. FEI Number: 59-1304665 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Demetrius Anagnostis
1301 S E 52 et
Ocala Fla 34471

10. Name and Address of New Registered Agent
81 Name: DEMETRIUS ANAGNOSTIS Director
82 Street Address (P.O. Box Number is Not Acceptable): 1301 S.E 52 et.
83
84 City: Ocala 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: DEMETRIUS ANAGNOSTIS (Signature, typed or printed name of registered agent, and title if applicable) Demetrius Anagnostis (NOTE: Registered Agent signature required when reinstating) DATE: 5-10-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ANAGNOSTIS DEMETRIUS 1301 S E. 52 et Ocala Fl. 34471	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	D ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ANAGNOSTIS MARJORIE 1301 S E. 52 et Ocala Fl 34471	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	S/T ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition 800001498208 -05/24/95--01057--005 ****205.00 ****205.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	5/1/95 MB	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition REMITTED BY FORM 1
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 added above or on an attachment with an address.

SIGNATURE: Marjorie Anagnostis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARJORIE ANAGNOSTIS S/T
Date: 4-20-95