

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90003 004 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 505561**

1. Corporation Name

**DEBOARD CORPORATION**

Principal Place of Business

Mailing Address

3309 CULLEN LK SH DR  
ORLANDO FL 32812-1046  
US

3309 CULLEN LK SH DR  
ORLANDO FL 32812-1046  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1976

4. FEI Number

59-1687088

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.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 **529 S. SUMMERLIN AVE**

26 **P.O. Box 1452**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **ORLANDO FLORIDA**

City & State

28 **ORLANDO FLORIDA**

Zip

24 **32801**

Country

25 **USA**

Zip

29 **32802**

Country

30 **USA**

9. Name and Address of Current Registered Agent

DEBOARD, R. W.  
3309 CULLEN LK SH DR  
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name

**Robert W. DEBOARD**

82 Street Address (P.O. Box Number is Not Acceptable)

**529 S. SUMMERLIN AVE.**

83

84 City

**ORLANDO**

FL

85 Zip Code

**32801**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **DEBOARD, MATTHEW G**  
STREET ADDRESS **3309 CULLEN LK SH DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **PD** ☐ DELETE  
NAME **DEBOARD, ROBERT W**  
STREET ADDRESS **3309 CULLEN LK SH DR**  
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **DEBOARD, MATTHEW G.**  
1.3 STREET ADDRESS **3910 FINCH ST**  
1.4 CITY-ST-ZIP **ORLANDO FL. 32803**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **DEBOARD, ROBERT W.**  
2.3 STREET ADDRESS **529 S. SUMMERLIN AVE.**  
2.4 CITY-ST-ZIP **ORLANDO, FL. 32801**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

**Robert W. DEBOARD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug 3, 1999**  
Date

**407-422-7487**  
Daytime Phone #

CR2E034 (5/99)

505561  
604138-90003-4

August 5, 1999

## THE DEBOARD CORPORATION

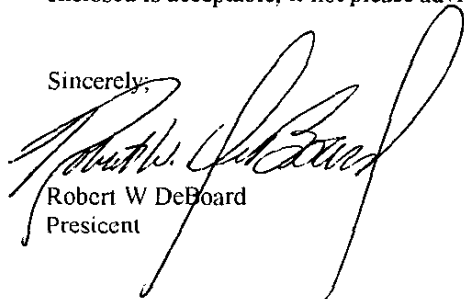
State of Florida  
Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

Re; annual filing fee

Included is the filing fee for 1999 in the amount of \$150.00. I checked with your office to see if the first notice was returned. I have moved and am now using a PO Box mailing address. However, the first notice was mailed prior to this change therefore if I did not receive it I assume it was returned. That evidently was not the case. Therefore it must have been lost or for some reason was not deliverable.

Since the forming of the corp. we have timely returned the filing with the proper fee. I trust the amount enclosed is acceptable, if not please advise.

Sincerely,



Robert W DeBoard  
President