

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 502981
1. Corporation Name
DABI, INC.

400001477384
-05/05/95--01075--001
****800.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
238 N. Westmonte DR. SAME
SUITE 280 238 N. Westmonte DR.
ALTAMONTE SPRINGS, FL SUITE 280
32714 ALTAMONTE SPGS,
FL 32714

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	59-2641384	1994
22. City & State	27. City & State	5. Certificate of Status Desired	Applied For Not Applicable
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
24. Country	29. Country	8. This corporation has liability for intangible tax under S. 199.03?	\$5.00 May Be Added to Fees
25. Country	30. Country	Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Lou's Geys 238 N. Westmonte DR. SUITE 280 ALTAMONTE SPRINGS, FL 32714	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 _____
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR	1.1 TITLE	☐ Change ☐ Addition
NAME	LOUIS GEYS	1.2 NAME	
STREET ADDRESS	238 N. Westmonte DR. SUITE 280	1.3 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPRINGS, FL 32714	1.4 CITY, ST, ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louis Geys
5/8/95 407-862-5511
Date Secretary/Member