

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J24640** (1)

1. Corporation Name
DAB-A-J, INC.

Principal Place of Business	Mailing Address
397 BARFIELD HIGHWAY PO BOX 579 PAHOKEE FL 34761	397 BARFIELD HIGHWAY PO BOX 579 PAHOKEE FL 34761

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/16/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2741625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ADAMS, DONIA 1616 E. MAIN STREET PAHOKEE FL 33476		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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS-ROBERTS, DONIA	1.2 NAME	
STREET ADDRESS	1616 E. MAIN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, BETH	2.2 NAME	
STREET ADDRESS	1616 E. MAIN ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHMANN, ANGEE	3.2 NAME	
STREET ADDRESS	1616 E. MAIN ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JAYNA	4.2 NAME	
STREET ADDRESS	1616 E MAIN ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jayna K. Adams 4/25/95
(Signature and typed or printed name of signing officer or director) (Date)