

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J34413

(1)

1. Corporation Name
D. C. B., INC.

**APPROVED
AND
FILED**

50 MAY -1 PM 2:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**8270 COLLEGE PKWY
STE 101
FT MYERS FL 33919
US**

Mailing Address

**8270 COLLEGE PKWY
STE 101
FT MYERS FL 33919
US**

Do Not Write In This Space

3. Date for Corporation to be Quoted	3a. Date of Filing Report
09/19/1986	02/08/1994
4. FCI Number	Applied For Not Applicable
59-2738254	
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. This corporation has submitted an application for election financing (Required)	☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22. State of Inc.	27. State of Inc.
23	28
24. City	29. City
25	30

9. Name and Address of Current Registered Agent

**DEACON, THOMAS J.
871 S. TOWN & RIVER DR.
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (If C. Box Number is Not Applicable)
8270 COLLEGE PARKWAY - 101
83. City
84. State
FL
85. Zip Code

11. Pursuant to the provisions of Sections 601.01 and 601.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as registered agent 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 the new registered agent. (Required)

Signature

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

Signature of Registered Agent or Secretary of Corporation

12. OFFICERS AND DIRECTORS		13. ALTERNATE CHAIRMAN, VICE PRESIDENTS AND SECRETARIES	
NAME	PD DEACON, THOMAS J. 8270 COLLEGE PKWY, STE 101 FT. MYERS FL	NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate, complete and correct, and that I am a duly authorized officer or director of the corporation. I further certify that the information included in this annual report is a true and accurate statement of the corporation's financial condition and that my signature shall have the same legal effect as if made under oath. That no one other than the corporation or its authorized officer or director has provided the information required by this report, as required by Florida Statutes, and that my name appears on the back of the Florida Certificate of Incorporation and is attached with an address.

SIGNATURE:

Thomas J. Deacon
[Signature]

4/11/95

813-482-4800