## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K59732

(3)

J.D. DU	BOIS AND SONS, INC	,	( )					
Principal Place of Business			Mailing Address					
% J.D. DUBON 3502 OLD MUI PLANT CITY F	lberry RD.	3502 OI	% J.D. DUBOIS 3502 OLD MULBERRY RD. PLANT CITY FL 33566-4593					
						3. Date Incorporated or Qualified 01/20/1989	3a. Date of L	
	lace of Business	2a. Mail	26. Mailing Address			4. FEI Number	T	Applied For
<u>صل)</u> (21	00110	26				59-2928944		Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired Search Fee Required		
City & State	е	City	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip			Zip Country		ry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25   29   30   9. Name and Address of Current Registered Agent			30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
		Current negistered	- Agent	8	1 Name	10. Name and Address of New No.	Jistoloo Agein	
DUBOIS, J.D.						NONE		
3502 OLD MULBERRY RD. PLANT CITY FL 33568				8	2 Street Ac	dress (P.O. Box Number is Not Acceptab	4e)	
160	111 0111 12 00000			8	3		**************************************	
				8	4 City		FL  85	Zip Code
11 Pursuant	to the provisions of Sections f	07 0502 and 607 15	08 Florida Statute	es the abo	ve-named cr	progration submits this statement for the c	urnose of chanc	ing its registered
office or r	eg-stered agent, or both, in the	e State of Florida. St	uch change was a	uthorized I	by the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	of the appointme	nt as registered
	in talina with, and accept in	e (Alegations of, Sec.		iiiua siaiiyi	es.	1-19	1-97	
SIGNATURE	Signalare, typed or printed name of regi-	rered agent and tile if appli	cable (NOTE	Registered A	gent signature re	quired when reinstating)	DATE	
12.	OFFICE OFFICE	HS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
TITLE	DST		1,1 TITLE			☐ Chi	ange L. Addition	
NAME	DUBOIS, J.D.			1.2 NAMI	Į.			
STREET ADDRESS	3502 OLD MULBERRY I	RD.		1,3 STRE	ET ADDRESS	٨		
CITY-ST-ZIP	PLANT CITY FL		- Parists		- ST - ZiP	, V ,		
TITLE	D		DELETE	2.1 TITLE	i i	~ "M" ~		ange [] Addition
NAME	DUBOIS, G.C.			2 2 NAM				
STREET ADDRESS	3502 OLD MULBERRY F	<b>₹</b> ₽.			et address	W.		
CITY - S1 - ZIP	PLANT CITY FL		DELETE	2 4 C/TY 3 1 T/TLE		<del></del>	☐ Ch	ange Addition
TITLE NAME	D Dubois, D.H.		C DELLE	3 2 NAM		90	باري لي	ange [ ] Addition
STREET ADDRESS	3502 OLD MULBERRY I	on.		1	ET ADDRESS	\		į
		7U.		1	i			
CITY-ST-ZIP TITLE	PLANT CITY FL D		DELETE	3.4. CITY 4.1 TITLE	<del></del> _	77.41.41.41.41.41.41.41.41.41.41.41.41.41.	Chi	ange Addition
NAME	DUBOIS, DORIS D			4. 2 NAM				
STREET ADDRESS	3502 OLD MULBERRY I	ROAD			ET ADDRESS			
CITY - ST - ZIP	PLANT CITY FL	<del>-</del>		4.4 CITY	i			
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	5.1 TITLE			☐ Cha	ange
NAME				5.2 NAM	E			
STREET ADDRESS				5.3 STRE	et address			
CITY-ST-ZIP				5 4 CITY	- ST- <b>Z</b> IP			
TITLE			DELETE	6.1 TITLE	. [		☐ Ch	ange 🔲 Addition
NAME				6.2 NAM	£			
STREET ADDRESS				6.3 STRE	ET ADDRESS			

14. I do hereby certify that the information supplied with this filling 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-14-97

(813) 752-8789

**FILED** 

Jan 22 1997 8:00am

Secretary of State