

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

APPROVED
AND
FILED

95 APR -4 AM 11:17

DOCUMENT # **K84847** (8)

1. Corporation Name

DB&P, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O ROBERT T YOUNGS
2511 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

Mailing Address

C/O ROBERT T YOUNGS
2511 PONCE DE LEON BLVD.
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/02/1989

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0121504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNGS, ROBERT T
2511 PONCE DE LEON BLVD
STE 605
CORAL GABLES FL 33134

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 use if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PO
HINSON, WALTER F
2511 PONCE DE LEON BLVD.
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
GARGULO, STEPHEN J.
2511 PONCE DE LEON BV
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
THOMPSON, PETER M
2511 PONCE DE LEON BV
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
BROWN, ROBERT L
2511 PONCE DE LEON BLVD
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
DELANY, EDWARD L
2511 PONCE DE LEON BLVD
CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KAMBERG, KENNETH E
2511 PONCE DE LEON BLVD
CORAL GABLES FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Peter M. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter M. Thompson

2-16-95
Date

305 447-4718
Telephone Number