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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L05302 (9)

1. Corporation Name
DB GROUP, INC.

Principal Place of Business
C/O WOODWARD PIRES & ANDERSON, P.A.
801 LAUREL OAK DRIVE, SUITE 640
NAPLES FL 33963

Mailing Address
C/O WOODWARD PIRES & ANDERSON, P.A.
801 LAUREL OAK DRIVE, SUITE 640
NAPLES FL 34108-2707



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34108 Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
07/27/1989

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0137484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

WOODWARD, MARK J.
C/O WOODWARD PIRES & ANDERSON P.A.
801 LAUREL OAK DRIVE, SUITE 640
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34108

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME BROWN, DOUGLAS
STREET ADDRESS 510 FIELDSTONE DR
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ DELETE
NAME BROWN, ANGIE
STREET ADDRESS 510 FIELDSTONE DR
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ DELETE
NAME BROWN, DARRELL G.
STREET ADDRESS 1041 S COLLIER BLVD, #401
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ DELETE
NAME BROWN, BONNIE M.
STREET ADDRESS 1041 S COLLIER BLVD, #401
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *Darrell G. Brown* 1/15/97 941-594-7910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)