

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05302

1. Corporation Name  
DB GROUP, INC.

Principal Place of Business  
WOODWARD, PIRES. & LOMBARDI, P.A.  
801 LAUREL OAK DRIVE SUITE 710  
NAPLES FL 34108  
US

Mailing Address  
WOODWARD, PIRES & LOMBARDI, P.A.  
801 LAUREL OAK DRIVE SUITE 710  
NAPLES FL 34108  
US

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90044 016 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1989

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOODWARD, MARK J.  
C/O WOODWARD, PIRES, & LOMBARDI, P.A.  
801 LAUREL OAK DRIVE SUITE 710  
NAPLES FL 34108

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE D ☐ 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

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
MELVIN E. BROWN  
538 SANDER DR.  
HAMILTON, OH 45013

D  
DAN BROWN  
538 SANDER DR  
HAMILTON, OH 45013

14. I 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, with all other like empowered.

SIGNATURE: *Douglas Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (941) 394-9910  
Date Daytime Phone #

CR2E034 (1/98)