


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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L30491 (9) 1. Corporation Name DATA BASE OF NORTH FLORIDA, INC.		



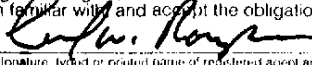
Principal Place of Business 3681 NE 7TH ST. OCALA FL 34470 US	Mailing Address P.O. BOX 808 SILVER SPRINGS FL 34489 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4031 NW 43rd St. Suite, Apt. #, etc. 22 Suite B City & State 23 Gainesville FL Zip 24 32606		2a. Mailing Address 26 4031 NW 43rd St. Suite, Apt. #, etc. 27 Suite B City & State 28 Gainesville FL Zip 29 32606		3. Date Incorporated or Qualified 11/16/1989		4. FEI Number 59-2974002		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

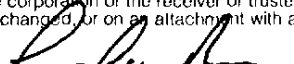
9. Name and Address of Current Registered Agent ROEPE, CARL W. 4719 NE 18TH PLACE OCALA FL 34470				10. Name and Address of New Registered Agent 81 Name ROEPE, CARL W. 82 Street Address (P.O. Box Number is Not Acceptable) 11306 TURKEY CREEK 83 84 City ALACHUA FL 85 Zip Code 32615			
---	--	--	--	--	--	--	--

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  PRESIDENT CARL W. ROEPE 3-31-98
(NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	PCDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEPE, CARL W.	1.2 NAME	ROEPE, CARL W.
STREET ADDRESS	4719 NE 18 PLACE	1.3 STREET ADDRESS	11306 TURKEY CREEK
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	ALACHUA FL 32615
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEPE, REBECCA GAIL	2.2 NAME	ROEPE, Rebecca Gail
STREET ADDRESS	4719 NE 18 PLACE	2.3 STREET ADDRESS	11306 TURKEY CREEK
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	ALACHUA FL 32615
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENDENING, DONALD	3.2 NAME	
STREET ADDRESS	3515 NW 40TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, OWEN	4.2 NAME	
STREET ADDRESS	520 NE 44 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE  3-31-98 352-278-4822

CR2E034 (10/97)