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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # L32911

1. Corporation Name

D & B HOLDINGS, INC.

Principal Place	of Business	Mailing Address				
4952 MARLIN D		4952 MARLIN DR	•			
NEW PORT RIC		NEW PORT RICHEY FL 34652				DO NOT WOLFE IN THE CRACE
US US						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
						11/30/1989
2 Principal P	ace of Business	2a. Mailing Address				4, FEI Number Applied For
	ace of Business	26	<b>¬</b>			<b>59-2978095</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22	,	27	¬ ''			5. Certificate of Status Desired Fee Required
	9 48 1 14 25 45 4 4 5		-City & State-			6. Election Campaign Financing \$5.00 May Be
23		· 28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No
_	9. Name and Address of Curre	nt Registered Agent	<del></del>	81	Name	10. Name and Address of New Registered Agent
EALI	BER, W.E.				Name	
			82	Street /	Address (P.O. Box Number is Not Acceptable)	
	MARLIN DR. PORT RICHEY FL 34652			83		
1424	101111110111111111111111111111111111111			03		
				84	City	FL 85 Zip Code
44 5	to the manufacture of Continue CD7 DE	02 and 607 1509 Florida St	atutos the s	hove	-named	
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 in the state of Florida.						
anent La	m familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Stat	tutes	-	
SIGNATURE	Signature, typed or printed name of registered age	ant and fittle if anniicable (N	OTF: Register®	d Agen	t signature <i>r</i> e	required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 T	ΠÆ		☐ Change ☐ Addition
NAME	FAUBER, W.E		1.2 N	1.2 NAME		
STREET ADDRESS	4952 MARLIN DR		1.3 S	TREET	ADDRESS	;
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4.0	TY-S	r-ZIP	
TITLE	DV	☐ DELETE	2.1 T	2.1 TITLE		☐ Change ☐ Addition
NAME	PRICE, S.K		2.2 N	2.2 NAME		
STREET ADDRESS	4952 MARLIN DR.		2.3 5	2.3 STREET		
CITY-ST-ZIP	NEW PORT RICHEY FL			CITY-S	T-ZIP	TO TAKE
TULE	_D	·	3.17	ME		Change Addition
NAME	PRICE, S.K.			IAME		
STREET ADDRESS	4952 MARLIN DR.				ADDRESS	<b>3</b>
CITY-ST-ZIP	NEW PORT RICHEY FL			CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	DTS					
NAME	FAUBER, S.S.			WWE		
STREET ADDRESS	9420 MOUNTAIN LAKE				ADORESS	
CITY-ST-ZIP	FORT WORTH TX	DELETE		ITY-S	1+ZIP	☐ Change ☐ Addition
ĺ :		المالية المالية		AME		
NAME OTDEET ADDDESC					ADDRESS	;
STREET ADDRESS				TY-S		
CITY-ST-ZIP		DELETE				☐ Change ☐ Addition
NAME		_ :		IAME		
STREET ADDRESS			6.3 5	TREET	ADORESS	

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

817 236 2650

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90142 012 \*\*\*150.00