FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 21 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91830** **(4)**

1. Corporation Name
DBE OF OHIO, INC.

Principal Place of Business	Mailing Address
56 E. MAIN ST. APOPKA FL 32703	56 E. MAIN ST. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1990
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 99 W. Main Street
Suite, Apt. #, etc. 22
City & State 23 Apopka, FL
Zip 24 32703 Country 25

2a. Mailing Address
26 99 W. Main Street
Suite, Apt. #, etc. 27
City & State 28 Apopka, FL
Zip 29 32703 Country 30

4. FEI Number 59-3041595 ☐ 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

HAUBNER, LOUIS R. JR.
56 E. MAIN STREET
APOPKA 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 99 W. Main Street
83
84 City Apopka, FL 85 Zip Code 32703

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	ADKINS, DEBORAH	1.2 NAME		
STREET ADDRESS	56 E. MAIN ST.	1.3 STREET ADDRESS	99 W. Main Street	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	DST	2.1 TITLE		XX ☐ Change ☐ Addition
NAME	ADKINS, ROBERT	2.2 NAME		
STREET ADDRESS	56 E. MAIN ST.	2.3 STREET ADDRESS	99 W. Main Street	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	DVP	3.1 TITLE		XX ☐ Change ☐ Addition
NAME	HAUBNER, LOUIS R. JR.	3.2 NAME		
STREET ADDRESS	56 E. MAIN STREET	3.3 STREET ADDRESS	99 W. Main Street	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: Louis R. Haubner DVP 2/20/95 (407) 886-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036302 DP