

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L91830** (4)  
1. Corporation Name  
**DBE OF OHIO, INC.**



Principal Place of Business  
**99 W. MAIN STREET  
APOPKA FL 32703  
US**

Mailing Address  
**99 W. MAIN STREET  
APOPKA FL 32703  
US**

3. Date Incorporated or Qualified  
**08/03/1990**

3a. Date of Last Report  
**03/21/1995**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAUBNER, LOUIS R. JR.  
99 W. MAIN STREET  
APOPKA FL 32703**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**99 West 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

Signature of person or persons who have taken and filed this statement

(Initials of Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                         | STREET ADDRESS           | CITY - ST - ZIP  | DELETE                   |
|-------|------------------------------|--------------------------|------------------|--------------------------|
|       | <b>DP</b>                    |                          |                  | <input type="checkbox"/> |
|       | <b>ADKINS, DEBORAH</b>       | <b>99 W. MAIN STREET</b> | <b>APOPKA FL</b> |                          |
|       | <b>DST</b>                   |                          |                  | <input type="checkbox"/> |
|       | <b>ADKINS, ROBERT</b>        | <b>99 W. MAIN STREET</b> | <b>APOPKA FL</b> |                          |
|       | <b>DVP</b>                   |                          |                  | <input type="checkbox"/> |
|       | <b>HAUBNER, LOUIS R. JR.</b> | <b>99 W. MAIN STREET</b> | <b>APOPKA FL</b> |                          |
|       |                              |                          |                  | <input type="checkbox"/> |
|       |                              |                          |                  | <input type="checkbox"/> |
|       |                              |                          |                  | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |

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)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

407 846-8010

CR2E034 (12/95)