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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99873

(5)

DBR MARKETING, INC.

Principal Place of Business Mailing Address 382 BROAD AVENUE SOUTH 382 BROAD AVENUE SOUTH NAPLES FL 33940 NAPLES FL 34102-7031 3a. Date of Last Report 3. Date Incorporated or Qualified 04/19/1996 09/21/1988 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0071730 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Z $\phi$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARLICK, THOMAS B. 800 LAUREL OAK DRIVE Box Number is Not Acceptable) ICAN BAY (SVA. 3VA 82 **SUITE 400** 83 NAPLES FL 33963-2738 64 11. Fursuant 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE ROBERTS, EUGENIE BODICK 1.2 NAME NAME 240 2ND AVE NORTH 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CHTY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-SY-ZIP CITY-ST-ZIF DELETE Change Addition 31 TITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-7IP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change THE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP □ DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

CiTY - ST - ZIP

SUGLANUS WHAT ENGENIERS ROSGETS

appears in Block 12 or Block 13 if changed, or on an attachment with an address

2/1/97

(941)261-68W

**FILED** 

Feb 21 1997 8:00am

Secretary of State