FILED
Jul 10, 2003 8:00 am
Secretary of State
04-29-2003 90069 040 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

55050872

[redacted]

DOCUMENT # P02000057327

1. Entity Name
DABCON, INC.

Principal Place of Business	Mailing Address
780 PHILLIPS DR FREEPORT, FL 32439	780 PHILLIPS DR FREEPORT, FL 32439

2. Principal Place of Business	3. Mailing Address
15249 Hwy 331	15249 Hwy 331
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Freeport FL	City & State: Freeport FL
Zip: 32439 Country: USA	Zip: 32439 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 68-0504582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMILTON, C. THOMAS SR. 780 PHILLIPS DR FREEPORT, FL 32439	Name: CARL T Hamilton Street Address (P.O. Box Number Is Not Acceptable): 15249 Hwy 331 City: Freeport FL Zip Code: 32439

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 4/23/03

FILE NOW!!! FEE IS $150.00. After May 1, 2003 Fee will be $550.00. Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARL T HAMILTON 15249 Hwy 331 FREEPORT FL 32439 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-23-03 (850) 835-0083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #