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**FILED**

**May 04 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P93000001337 (3)**

1. Corporation Name  
**D.B.S., INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**115 N. KINGS AVE  
BRANDON FL 33510  
US**

3. Date Incorporated or Qualified  
**12/30/1992**

4. FEI Number **59-3160014** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**DEMING, MICHAEL  
12811 N. NEBRASKA AVE.  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name **Deming, MICHAEL**

82 Street Address (P.O. Box Number is Not Acceptable) **2608 STAFFORD WOODS PLACE**

83

84 City **Plant City** FL 85 Zip Code **33565**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PTD DEMING, MICHAEL L**

STREET ADDRESS **11108 STAFFORD LANE**

CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE  DELETE

NAME **VSM DEMING, JUDY A**

STREET ADDRESS **11108 STAFFORD LANE**

CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS **2608 Stafford Woods PL**

1.4 CITY-ST-ZIP **Plant City FL 33565**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS **2608 Stafford Woods PL**

2.4 CITY-ST-ZIP **Plant City FL 33565**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *[Handwritten signatures]*

CR2E034 (10/97)