

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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90023 032 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000002884

1. Corporation Name  
DBR PRINTING, INC.



Principal Place of Business 3221 W COLONIAL DR ORLANDO FL 32808	Mailing Address 3221 W COLONIAL DR ORLANDO FL 32808
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1415 W CENTRAL BLVD Suite, Apt. #, etc. 22 ORLANDO FL City & State 23 32805 USA Zip Country 24 25		2a. Mailing Address 26 DBR PRINTING, INC Suite, Apt. #, etc. 27 P.O. Box 551907 City & State 28 ORLANDO FL Zip Country 29 32855 30 USA		3. Date Incorporated or Qualified 01/11/1993	
		4. FEI Number 59-3159801		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

PETSCHER, BARBARA  
857 LIVE OAK LN  
OUIDO FL 32765

10. Name and Address of New Registered Agent

81 Name Ron Mims	82 Street Address (P.O. Box Number is Not Acceptable) 9388 LAKE LOTTA CIRCLE	83	84 City GOTHA	85 Zip Code FL 34734
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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

*Ron Mims* Ron Mims Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETSCHER, BARBARA	1.2 NAME	
STREET ADDRESS	857 LIVE OAK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OUIDO FL 32765	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIMS, RON	2.2 NAME	PD MIMS, RON
STREET ADDRESS	6606 BOICE ST	2.3 STREET ADDRESS	9388 LAKE LOTTA CIRCLE
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	GOTHA FL 34734
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Ron Mims* Ron Mims Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

DATE

407-835-1057

Daytime Phone #