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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -9 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020505

1. Corporation Name
Dave's CC Club, Inc.

Principal Place of Business
Dave's CC Club
Off Sam's Lane /Moses Lane
Off Bradfordville Rd

Mailing Address
P.O. Box 12251
Tallahassee, FL 32317

2. Principal Place of Business
21 Dave's CC Club
Suite, Apt. #, etc. Off Sam's Lane
22 Off Bradfordville Rd.
City & State
23 32308 USA
Zip / Country
24 / 25

2a. Mailing Address
26 P.O Box 12251
Suite, Apt. #, etc.
27 Talahassee, FL
City & State
28 32317 USA
Zip / Country
29 / 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/18/93

4. FEI Number: 59-3203988 [ ] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Elizabeth B. Clark
82 Street Address (P.O. Box Number is Not Acceptable): 302 Glenview Dr
83
84 City: Tallahassee FL 85 Zip Code: 32303

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: Elizabeth B. Clark
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres.	[ ] DELETE
NAME	David M. Clayton	
STREET ADDRESS	Off Sam's Lane, Off Bradfordville Rd	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Vice Pres.	[ ] DELETE
NAME	Elizabeth Clark	
STREET ADDRESS	32303	
CITY-ST-ZIP	302 Glenview Dr. Tallahassee	
TITLE	~~Secretary~~	[ ] DELETE
NAME		
STREET ADDRESS	~~Elizabeth B. Clark~~ 32303	
CITY-ST-ZIP	~~302 Glenview Dr Tallahassee FL~~	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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****150.00 ****150.00

CR2E034 (11/98)

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: Elizabeth B. Clark ELIZABETH B CLARK 3/8/99 (850)894-0181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #