

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APR 24 1995  
AND  
FILED

REC'D BY MAIL 5-30

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

Suzanne B. Miersen  
Secretary of State

SEARCHED INDEXED SERIALIZED FILED

B (6)(1)(C)

DOCUMENT # P94000001741 (5)

1. Registered Name

DA-BET & COMPANY, INC.

2. Mailing Address (Type or Print) Mailed by AIR MAIL

RT. 3, BOX 906  
INTERLACHEN FL 32148

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INTERLACHEN FL 32148

3. Date Incorporated or Organized

01/03/1994

4. Date of Last Report Filed

59-3219145

5. Applicable  
Not Applicable

2. Date of Last Annual Report Filed

21

Date At Filing

22

Date At Filing

23

Date At Filing

24

Date At Filing

25

Date At Filing

26

Date At Filing

27

Date At Filing

28

Date At Filing

29

Date At Filing

30

Date At Filing

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. This corporation has authority under prior law to issue  
shares of stock

No  Yes

8. Certificate of Status Required  \$8.75 Additional  
Fee Required

9. Name and Address of Current Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City 85. Zip Code  
**FL**

11. I, the undersigned officer or director of the corporation, do hereby certify that 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 the requirements of section 409.005, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 14.	
NAME Title Address Phone No.	14. NAME 15. ADDRESS 16. CITY 17. STATE 18. ZIP CODE	P/D AdKisson, Michael L R. RT. 3 Box 936 INTERLACHEN, FL 32148 S/T AdKisson, Teju C. RT. 3 Box 936 INTERLACHEN, FL 32148	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Title Address Phone No.	14. NAME 15. ADDRESS 16. CITY 17. STATE 18. ZIP CODE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I declare, certify, that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.01, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall bear the same legal effect as if made on or written on the original document. I also declare that the information contained in this document is the result of my knowledge and belief and that the report is required by Chapter 409, Florida Statutes, and that my signature is attached to or is an attachment to an affidavit with an address.

**SIGNATURE:** *Teju C. AdKisson*  
BOLD, UPPERCASE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Teju C. AdKisson, Secy, Trans.*

4/24/95 (904) 329-0234