

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000001741 (5)

1. Corporation Name  
**DA-BET & COMPANY, INC.**



Principal Place of Business: RT. 3, BOX 936 INTERLACHEN FL 32148  
Mailing Address: RT. 3, BOX 936 INTERLACHEN FL 32148

3. Date Incorporated or Qualified: 01/03/1994  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business  
21 106 HANSON Court  
Suite, Apt. #, etc.  
22  
City & State: INTERLACHEN, FL  
Zip: 32148  
Country: Putnam  
25  
26 106 HANSON Court  
Suite, Apt. #, etc.  
27  
City & State: INTERLACHEN, FL  
Zip: 32148  
Country: Putnam  
29  
30

4. FEI Number: 59-3219145  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
ADKISSON, MICHAEL R  
RT. 3, BOX 936  
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent  
81 Name: Adkisson, Michael R.  
82 Street Address (P.O. Box Number is Not Acceptable): 106 HANSON Court  
83  
84 City: Interlachen FL 85 Zip Code: 32148

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADKISSON, MICHAEL R	
STREET ADDRESS	RT 3 BOX 936	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ADKISSON, TEJU C	
STREET ADDRESS	RT 3 BOX 936	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Adkisson, Michael R.	
1.3 STREET ADDRESS	106 HANSON Court	
1.4 CITY-ST-ZIP	Interlachen, FL 32148	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Adkisson, Teju C.	
2.3 STREET ADDRESS	106 HANSON Court	
2.4 CITY-ST-ZIP	Interlachen, FL 32148	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Teju C. Adkisson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/15/96 (904) 329-0234  
Date Time Phone #

CR2E034 (12/95)