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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90023 013 ***158.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P94000044365

1. Corporation Name
DB CONTRACTING, INC.

Principal Place of Business
**42 6TH AVE SW
CAIRO GA 31728**

Mailing Address
**42 6TH AVE SW
CAIRO GA 31728**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1994

4. FEI Number

58-2115527

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 **107 MARGARET'S WAY**

Suite, Apt. #, etc.

22

City & State

23 **Thomasville, GA**

Zip

24 **31792**

Country

25 **USA**

2a. Mailing Address

26 **107 MARGARET'S WAY**

Suite, Apt. #, etc.

27

City & State

28 **Thomasville, GA**

Zip

29 **31792**

Country

30

9. Name and Address of Current Registered Agent

**BETHANY, BLAIR
3424 ST AUGUSTINE RD #30
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name

Les Thomas

82 Street Address (P.O. Box Number is Not Acceptable)

4049 McLeod 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 **Les Thomas**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-99

12. OFFICERS AND DIRECTORS

TITLE **VTS** ☐ DELETE
NAME **BLAIR, DEBORAH**
STREET ADDRESS **42 6TH AVE S.W.**
CITY-ST-ZIP **CAIRO GA 31728**

TITLE **PM** ☐ DELETE
NAME **BLAIR, BRIAN**
STREET ADDRESS **42 6TH AVE. S.W.**
CITY-ST-ZIP **CAIRO GA 31728**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Brian Blair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-99 9123770093

Date

Daytime Phone #

CR2E034 (11/98)