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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT #

1. Corporation Name
DBM CONSULTANTS, INC.

P94000059321

Principal Place of Business
297 Bayshore Drive
Palm Harbor, FL 34683

Mailing Address
297 Bayshore Drive
Palm Harbor, FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/94

2. Principal Place of Business
21 297 Bayshore Drive
22 Suite, Apt. #, etc
23 City & State: Palm Harbor, FL
24 Zip: 34683
25 Country: Pinellas

2a. Mailing Address
26 297 Bayshore Dr.
27 Suite, Apt. #, etc
28 City & State: Palm Harbor, FL
29 Zip: 34683
30 Country: Pinellas

4. FEI Number
59-3262235
☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

David M. Missigman
297 Bayshore Dr.
Palm Harbor, FL 34683

10. Name and Address of New Registered Agent

81 Name: TINA M. KRAUS
82 Street Address (P.O. Box Number is Not Acceptable): 297 Bayshore Drive
83 Palm Harbor, FL 34683
84 City: FL
85 Zip Code:

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: Tina Marie Kraus DIRECTOR 4/25/98
Signature of New Registered Agent (NOT Required Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	S/T BETTY C. MISSIGMAN 297 BAYSHORE DRIVE PALM HARBOR, FL 34683	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P/VP DAVID M. MISSIGMAN 297 BAYSHORE DRIVE PALM HARBOR, FL 34683	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DIRECTOR TINA M. KRAUS 297 BAYSHORE DRIVE PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	500002549535 -06/05/98--01086--024 ***150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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 added above or on an attachment with an address.

SIGNATURE: Betty C. Missigman - Sec/Tres. 4/25/98 (813)784-7909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #