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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000067206 (0)

**DB VENTURES, INC.** 

Mailing Address

Principal Place of Business

**FILED** May 14 1998 8:00am Secretary of State



9551 BAYMEADOWS ROAD, STE. 4 JACKSONVILLE FL 32256		9551 BAYMEADOWS ROAD. STE. 4 JACKSONVILLE FL 32256			
				DO NOT WRITE IN THIS	S SPACE
ı				3. Date Incorporated or Qualified 09/09/1994	
2. Principal I	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3274800	Not Applicable
Sulte, Apt	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		<b>5.</b> Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the c	urrent year Intangible
24	25		0	Personal Property Tax due June 30.	Yes 🔲 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
	TOKES, E. CHESTER JR.		81 Name		
9551 BAYMEADOWS ROAD, STE. 4			82 Street A	Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32258					
			63		
			84 City		
			City	FI	L 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 of agent. 1 a	registered agent, or both, in the State ( am familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 607.0505. Florid	thorized by the corp da Statutes.	poration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE			au olajojo.		
Olditations	Signature, typed or printed name of registered agen	and title if applicable (NOTE: F	Registered Agent signature	required when reinstating) DATE	-
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	STOKES, E CHESTER JR		1.2 NAME		
STREET ADDRESS	9551 BAYMEADOWS RD 4		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	BERGMANN THOMAS C		2.2 NAME		· · —
STREET ADDRESS	9551 BAYMEADOWS RD 4		2.3 STREET ADDRESS		·
CITY-ST-ZIP	JACSONVILLE FL		2. 4 CITY-ST-ZIP		
TITLE	VT	DELETE	3.1 THILE		Change Addition
NAME	FREDENHAGEN, SHARON W		3.2 NAME		
STREET ADDRESS	9551 BAYMEADOW RD 4		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE	\$	DELETE	4.1 TITLE		Change Addition
NAME	HICE, SHERRY		4.2 NAME		FT SINGS TINGS((0))
STREET ADDRESS	9551 BAYMEADOWS RD 4		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		valent			CHANGE CT MODITION
			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied will	this filing does not qualify for	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further of	
Indicated	i <b>on this</b> annual report of supplemental.	angual report is frue <b>and acc</b> urr	ate and that my sion	nature shall have the same lenal offect as if made u	inder oath: that I am an
omicer or	or Block 13 if changed, or on an attach	rer or trustee empo <b>wered t</b> o exe	ecute this report as	required by Chapter 607, Florida Statutes; and that	my name appears in