FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000091224

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

D.A.B. ENTERPRISES & SIGNS, INC.

Principal Place of Business Mailing Address							• (1)
TAVARES FL 32778 TA		907 E ALFRED STREET TAVARES FL 32778 US			DO NOT WRITE IN THIS SI	PACE	
U\$ U S					3. Date Incorporated or Qualifed		
					01/01/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
26					59-3291820	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
22					5. Certificate of Status Desired	Fee R	Required
City & State City & State				6 Election Campaign Financing		May Be -	
23	. 28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intan		_,
24	25	29 30	0		Tersonal Tropolity Tax	Yes	No.
	9. Name and Address of Currer	t Registered Agent		T	10. Name and Address of New Registered Ag	jent	
DI ID	Thoras Landon		81	Name			
BUDZINSKI, JANICE C			82	82 Street Address (P.O. Box Number is Not Acceptable)			
2750 BAYVIEW DR.							
EUSTIS FL 32726			83				
	•		84	City		85 Zip	Code
				,	<u> </u>		
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti-	ιοπzea by	the corpo	corporation submits this statement for the purpose of characteristics of coration's board of directors. I hereby accept the appointment	anging it nent as r	egistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	ecistered Age	nt signature r	equired when reinstating) DATE		—— \
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	
NAME	BUDZINSKI, JANICE C		1.2 NAME				İ
STREET ADDRESS	2750 BAYVIEW DR.		1.3 STREE	TADDRESS			
CITY-ST-ZIP	EUSTIS FL 32726		1.4 CITY-S	IT-ZIP	`		
TITLE			2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S				
TITLE			3.1 TITLE			Change	Addition
NAME ^-	-		3.2 NAME		المجا والمتهور فالإنداء المتناس فيستناس الأراب المالي والمالي المالي		
STREET ADDRESS			3.3 STREE	TADDRESS			l
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE	<u> </u>	☐ DELETE	4.1 TITLE			Change	e
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	e
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			,
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			<u>-</u>
TITLE		☐ DELETE	6.1 TITLE			Change	e Addition
	i ·		62 NAME				

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. Janice C. Budzinski, Pres. 4/14/99
SIGNATURE AND TYPED OF PRINTED NAME OF FICER OF DIRECTOR

Date

Days SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Daytime Phone #