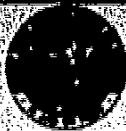


**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
TO
FILE**

95 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092817 (3)

1. Corporation Name

D & B MANAGMENT, INC.

Principal Place of Business

7370 ASHLEY SHORES CIR
LAKE WORTH FL 33467

Mailing Address

7370 ASHLEY SHORES CIR
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/21/1994

4. FEI Number

65-0541436

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. I wish to (Complete) (Simplify)
Trust Fund Control statement

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199 C32
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc.

26 Suite, Apt. # etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

WOOLARD, JAMES J
7370 ASHLEY SHORES CIR
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

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

83

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

(Signature of Current Registered Agent and the Corporation)

(If the Registered Agent signature is required when filed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WOOLARD, JAMES J
STREET ADDRESS	7370 ASHLEY SHORES CIR
CITY, ST, ZIP	LAKE WORTH FL 33467
TITLE	DV
NAME	WOOLARD, ANN
STREET ADDRESS	7370 ASHLEY SHORES CIR
CITY, ST, ZIP	LAKE WORTH FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND THE BOARD OF DIRECTORS

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 190.02(3)(b), 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:

James J. Woolard

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-25-95

Date

407 966 3946

Telephone No.