FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000092817 (3)**

1. Corporation Name

D & B MANAGMENT, INC.

Principal Place of Business
~~7370 ASHLEY SHORES CIR~~ 7445 Prescott Ln
LAKE WORTH FL 33467

Mailing Address
~~7370 ASHLEY SHORES CIR~~ 7445 Prescott Lane.
LAKE WORTH FL 33467

2. Principal Place of Business
21 7445 Prescott Lane
Suite, Apt. #, etc.
22
City & State
23 Lake Worth FL
Zip 24 33467 Country 25 USA

2a. Mailing Address
26 7445 Prescott Lane
Suite, Apt. #, etc.
27
City & State
28 Lake Worth FL
Zip 29 33467 30 Country USA

3. Date Incorporated or Qualified: 12/21/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0541436 ☐ 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 was liable for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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) 7445 Prescott Lane
83
84 City Lake Worth **FL** 85 Zip Code 33467

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WOOLARD, JAMES J		1.2 NAME	
STREET ADDRESS	7370 ASHLEY SHORES CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WOOLARD, ANN		2.2 NAME	
STREET ADDRESS	7370 ASHLEY SHORES CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete and 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.

SIGNATURE: [signature] 3/9/96 407 966 3944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone Number

CR2E034 (12/95)