

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 21 1997 8:00am  
Secretary of State

DOCUMENT # P95000014239 (4)

1. Corporation Name

DB-DA ASSOCIATES, INC.

Principal Place of Business

2 N TAMiami TR  
SUITE 600  
SARASOTA FL 34236

Mailing Address

2 N TAMiami TR  
SUITE 600  
SARASOTA FL 34236-5559



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0565162

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 has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRELL, DONALD J  
2033 MAIN ST  
SUITE 300  
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name  
PAUL E. OLSON  
82 Street Address (P.O. Box Number is Not Acceptable)  
1776 RINGLING BLVD.  
83  
84 City  
SARASOTA  
85 Zip Code  
FL 34236

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

*Paul E. Olson*

PAUL E. OLSON

8-10-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PDT MORRIS, ROBERT A.  
STREET ADDRESS  
2 N TAMiami TR., #600  
CITY-ST-ZIP  
SARASOTA FL 34236

TITLE ☐ DELETE

NAME  
VSD D'AGOSTINO, KENNETH E.  
STREET ADDRESS  
2 N TAMiami TR., #600  
CITY-ST-ZIP  
SARASOTA FL 34236

TITLE ☐ DELETE

NAME  
D COX, WILLOUGHBY T.  
STREET ADDRESS  
200 PASADENA PLACE  
CITY-ST-ZIP  
ORLANDO FL 32803

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

KENNETH D'AGOSTINO 4/15/97

941-954-4222

CR2E034 (9/96)