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FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000014239 (4)

1. Corporation Name

DB-DA ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~2 N TAMiami TR~~
~~SUITE 000~~
~~SARASOTA FL 34236~~

~~2 N TAMiami TR~~
~~SUITE 000~~
~~SARASOTA FL 34236~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1995

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1280 Dolphin Bay Way

Suite, Apt. #, etc.

22 Unit 201

City & State

23 Sarasota, FL

Zip

24 34242

Country

25 Sarasota

2a. Mailing Address

26 1280 Dolphin Bay Way

Suite, Apt. #, etc.

27 Unit 201

City & State

28 Sarasota, FL

Zip

29 34242

Country

30 Sarasota

9. Name and Address of Current Registered Agent

OLSON, PAUL E
1776 RINGLING BLVD
SUITE 300
SARASOTA FL 34236

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE POT ☐ DELETE

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

TITLE VSD ☐ DELETE

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

TITLE D ☐ DELETE

NAME 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 1280 Dolphin Bay Way, Unit 201

1.4 CITY-ST-ZIP Sarasota, FL 34242

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1280 Dolphin Bay Way, Unit 201

2.4 CITY-ST-ZIP Sarasota, FL 34242

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 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.

SIGNATURE:

Robert A. Morris

3-26-98 (941) 346-9118

CR2E034 (1097)