

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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90039 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000014239

1. Corporation Name

DB-DA ASSOCIATES, INC.



Principal Place of Business

1280 DOLPHIN BAY WAY  
UNIT 201  
SARASOTA FL 34242  
US

Mailing Address

1280 DOLPHIN BAY WAY  
UNIT 201  
SARASOTA FL 34242  
US

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 280 Hidden Bay Dr.

Suite, Apt. #, etc.

22 City & State  
Osprey, FL

23 Zip Country  
34229 U.S.

24 34229 25 U.S.

2a. Mailing Address

26 P.O. Box 1286

Suite, Apt. #, etc.

27 City & State  
Osprey, FL

28 Zip Country  
34229 U.S.

29 34229 30 U.S.

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 PDIT ☐ DELETE

NAME MORRIS, ROBERT A.  
STREET ADDRESS 1280 DOLPHIN BAY WAY, UNIT 201  
CITY-ST-ZIP SARASOTA FL 34242

TITLE VSD ☐ DELETE

NAME D'AGOSTINO, KENNETH E.  
STREET ADDRESS 1280 DOLPHIN BAY WAY, UNIT 201  
CITY-ST-ZIP SARASOTA FL 34242

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 280 Hidden Bay Drive  
1.4 CITY-ST-ZIP Osprey, FL 34229

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D'Agostino, Kenneth E.  
2.3 STREET ADDRESS 280 Hidden Bay Drive  
2.4 CITY-ST-ZIP Osprey, FL 34229

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 941-918-1173

CR2E034 (11/98)