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 # **P95000018705 (0)**

1. Corporation Name
DB-DS, INC.

Principal Place of Business
4057 BAYBERRY STREET
MELBOURNE FL 32901

Mailing Address
4057 BAYBERRY STREET
MELBOURNE FL 32901

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report: 3/6/95

2. Principal Place of Business
21 251 TATUM RD. S.W.
Suite, Apt. #, etc.
22
City & State
23 PALM BAY FL.
Zip 24 32908
Country 25 BREVARD

2a. Mailing Address
26 251 TATUM RD. S.W.
Suite, Apt. #, etc.
27
City & State
28 PALM BAY FL.
Zip 29 32908
Country 30 BREVARD

4. FEI Number: 59-3301782 — 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
HELLEBRAND, BARBARA J
4057 BAYBERRY STREET
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name: WHITTEN, DONA L
82 Street Address (P.O. Box Number is Not Acceptable): 251 TATUM RD. SW.
83
84 City: PALM BAY FL — FL — 85 Zip Code: 32908

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: Scott Whitten SCOTT WHITTEN Dona Whitten 4/27/96
Signature (Typed or printed name of registered agent and title if applicable) — (Note: Registered Agent signature required when registering) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☑ DELETE
NAME	HELLEBRAND, BARBARA J	
STREET ADDRESS	4057 BAYBERRY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VSD	☑ DELETE
NAME	WHITTEN, DONA	
STREET ADDRESS	4057 BAYBERRY STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	☑ Change ☑ Addition
1.2 NAME	WHITTEN, DONA L	
1.3 STREET ADDRESS	251 TATUM RD. SW	
1.4 CITY-ST-ZIP	PALM BAY FL 32908	
2.1 TITLE	VSD	☐ Change ☑ Addition
2.2 NAME	WHITTEN, SCOTT T	
2.3 STREET ADDRESS	251 TATUM RD. SW.	
2.4 CITY-ST-ZIP	PALM BAY FL. 32908	
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	300001869933	
5.3 STREET ADDRESS	-06/20/96--01069--038	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(k), 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: Scott Whitten SCOTT WHITTEN 4/27/96 407-722-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #