PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000024713

1. Corporation Name

D.B.S. CONSTRUCTION, INC.

Principal Place of Business Mailing Address											
2926 S. MORNINGSIDE CT OVIEDO FL 32765 2926 S. MORNINGSIDE CT OVIEDO FL 32765						,		NOT WE	RITE IN THIS	SPACE	
							e Incorporated of				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI	Number -3306162			<u></u>	plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired				\$8.75 Additional Fee Required	
City & State		City & State					ction Campaign st Fund Contribu		g 🗆	\$5.00 Added 1	
Zip 24	Country 25	Zip 30	Country			Per	s corporation ow sonal Property	Гах.		Yes	□No
	9. Name and Address of Currer	t Registered Agent			1	0. Na	me and Addres	s of New	Registered	Agent	
	ll, Dabney		81	Name	Address	141	DABWE Box Number is N		Brotafole)	<u>. </u>	
551 BROOKSIDE DRIVE WINTER SPRINGS FL 32708				2	926	۲۶,	MORWI	MSIO	12 C1	#	
			84	City	טוֹבּ	do	FLA		FL	85 Zip G	Code 765
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was autr	iorizea by	tne corpo	corporat oration's	tion su board	bmits this staten of directors. I he	ent for the reby acc	e purpose of ept the appo	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Age	nt signature n	required who	en reinsta	ating)		DATE		
12.		ID DIRECTORS	13.			ADE	ITIONS/CHANG	ES TO C	FFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		P	\mathcal{D}_{II}	DARAEY B 6, S. M. 10 FIA	,	,	Change	☐ Addition
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NAME			3.2 NAME	* * * * * * * * * * * * * * * * * * * *							į
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NAME		_	5.2 NAME								
STREET ADDRESS			5 3 STREE	T ADDRESS	;						
CITY-ST-ZIP			54 CITY-8	ST-ZIP							
tin c		DELETE	6.1 TITLE		1					Change	☐ Addition

14. I hereby certify that the information supplied with intstilling does not abalify 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 accelerate 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 preciver or tristee 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 additional statutes and that my name appears in the supplemental statutes are considered to the corporation of the

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90102 017 ***150.00