

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 30 1997 8:00am
Secretary of State

DOCUMENT # P95000065834 (0)

1. Corporation Name
DB DAUGHTERS, INC.

Principal Place of Business
12 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548

Mailing Address
12 MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1995		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 59-3391823		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent			
				81 Name Lillian B. Hill			
				82 Street Address (P.O. Box Number is Not Acceptable) 4 First ST. SE			
				83			
				84 City Ft. Walton Bch FL 85 Zip Code 32548			

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-23-97
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	WYNINEGAR, KATHERINE B		1.1 TITLE			
NAME		12 MIRACLE STRIP PARKWAY		1.2 NAME			
STREET ADDRESS		FORT WALTON BEACH FL 32548		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	ST	HILL, LIL B		2.1 TITLE			
NAME		12 MIRACLE STRIP PARKWAY		2.2 NAME			
STREET ADDRESS		FORT WALTON BEACH FL 32548		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	V	GARVIE, MARTHA B		3.1 TITLE			
NAME		12 MIRACLE STRIP PARKWAY		3.2 NAME			
STREET ADDRESS		FORT WALTON BEACH FL 32548		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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 in an attachment with an address.

SIGNATURE

[Signature]

4-23-97
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CP2E034 (9/96)