

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

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000085734 (8)

1. Corporation Name
D & B ANALYSTS, INC.



Principal Place of Business P.O. BOX 2207 PALM CITY FL 34990	Mailing Address P.O. BOX 899 STUART FL 34995-0899 US
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3. Date Incorporated or Qualified 10/31/1995	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 8851 SW OLD KANSAS AVE Suite, Apt. #, etc. 22 City & State 23 STUART FL Zip Country 24 34995 25 USA	2a. Mailing Address 26 PO BOX 899 Suite, Apt. #, etc. 27 City & State 28 STUART FL Zip Country 29 34997 30 USA
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4. FEI Number 65-0618759	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 SAMPSON, DOUGLAS C 3401 S.W. 42 AVENUE PALM CITY FL 34990
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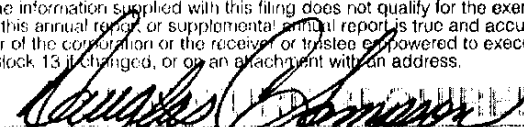
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 8851 S.W. OLD KANSAS AVENUE 83 84 City STUART FL 85 Zip Code 34997
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SAMPSON, DOUGLAS C P.O. BOX 2207 N/A PALM CITY FL 34990	☐ DELETE	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SAMPSON, BETTY P.O. BOX 2207 N/A PALM CITY FL 34990	☐ DELETE	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ DELETE	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ DELETE	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ DELETE	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:  (561) 286-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0471796

CR2E034 (9/96)