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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

DOCUMENT # **P95000085734 (8)**

1. Corporation Name
D & B ANALYSTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2207 PALM CITY FL 34990	P.O. BOX 899 STUART FL 34995-0899 US

3. Date Incorporated or Qualified: 10/31/1995
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business
21: 8851 SW OLD KANSAS AVE
22: Suite, Apt. #, etc:
City & State 23: STUART FL
Zip 24: 34995 Country 25: USA

2a. Mailing Address
26: PO BOX 899
27: Suite, Apt #, etc.
City & State 28: STUART FL
Zip 29: 34997 Country 30: USA

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SAMPSON, DOUGLAS C		1.2 NAME		
STREET ADDRESS	P.O. BOX 2207 N/A		1.3 STREET ADDRESS	PO BOX 899 N/A	
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP	STUART FL 34997	
TITLE	VT	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SAMPSON, BETTY		2.2 NAME		
STREET ADDRESS	P.O. BOX 2207 N/A		2.3 STREET ADDRESS	PO BOX 899 N/A	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP	STUART FL 34997	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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

0471796