

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

0322012

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000028345

1. Corporation Name

DESIGN BUILD CONSULTANTS, INC.

Principal Place of Business

8743 SOL TERRACE  
LAKE PARK FL 33403

Mailing Address

8743 SOL TERRACE  
LAKE PARK FL 33403

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SAMPLES, BRADY W  
8743 SOL TERRACE  
LAKE PARK FL 33403

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

*Brady Samples* Pres., Tres., Sec. 4-15-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                |                                 |                    |   |
|----------------|----------------|---------------------------------|--------------------|---|
| TITLE          | PTS            | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SAMPLES, BRADY |                                 | 1.2 NAME           |   |
| STREET ADDRESS | 8743 SOL TERR  |                                 | 1.3 STREET ADDRESS |   |
| CITY-ST-ZIP    | LANE PARK FL   |                                 | 1.4 CITY-ST-ZIP    |   |
| TITLE          |                | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                |                                 | 2.2 NAME           |   |
| STREET ADDRESS |                |                                 | 2.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                |                                 | 2.4 CITY-ST-ZIP    |   |
| TITLE          |                | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                |                                 | 3.2 NAME           |   |
| STREET ADDRESS |                |                                 | 3.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                |                                 | 3.4 CITY-ST-ZIP    |   |
| TITLE          |                | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                |                                 | 4.2 NAME           |   |
| STREET ADDRESS |                |                                 | 4.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                |                                 | 4.4 CITY-ST-ZIP    |   |
| TITLE          |                | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                |                                 | 5.2 NAME           |   |
| STREET ADDRESS |                |                                 | 5.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                |                                 | 5.4 CITY-ST-ZIP    |   |
| TITLE          |                | <input type="checkbox"/> DELETE | 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                |                                 | 6.2 NAME           |   |
| STREET ADDRESS |                |                                 | 6.3 STREET ADDRESS |   |
| CITY-ST-ZIP    |                |                                 | 6.4 CITY-ST-ZIP    |   |

14. I 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, with all other like empowered.

SIGNATURE:

*Brady Samples*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

561-627-8968

Daytime Phone #

CR2E034 (11/98)