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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000047086

1. Corporation Name

D & B INSTALLERS, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90123 019 \*\*\*150.00



Principal Place of Business Mailing Address										•	
15302 WILLOW LANE TAVARES FL 32778			15302 WILLOW LANE TAVARES FL 32778				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 06/04/1996				
2. Principal Pl	ace of Business	2a. Ma	iling Address				4. FEI Number	$-\Box$	Applied	d For	
21		26					59-3381356	Not Applicable			
	#, etc.	-	Suite, Apt. #, etc.				\$8.75 Additional=				-
22		27	27				5. Certificate of Status Desired	Fee	Requir	ed	
City & State	e	Cit	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				}
Zip Country			Zip Country								
		zg ====					8. This corporation owes the current year Intangible Personal Property Tax. Yes No				=
9. Name and Address of Current F							10. Name and Address of New Registered Agent				
<del></del>	9. Name and Address of Carrent	registere	u Agent	<del></del>	81	Name '	10.				1
CLEA	MENT, G E ESQ										1
308	EAST FIFTH AVENUE					Street Addre	ress (P.O. Box Number is Not Acceptable)				
MOU	INT DORA FL 32757				83						
·					84	City	FL	85 Z	ip Code	9	
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, S	Buch change was a	uthorized	l by i	the corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	changing ntment as	its regi registe	istered ered	
						<del> </del>	<del></del>		<u> </u>	·	-
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re						t signature required				<u> </u>	] ;
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AN				] {
TITLE	P		☐ DELETÉ	1.1 70	le.	}		Chang	je [	Addition	
NAME	Dehner, Jerry			1.2 N	ME						;
STREET ADDRESS	15302 WILLOW LANE		1.3 ST			ADDRESS					
CITY-ST-ZIP	TAVARES FL			1,4 CITY-ST-ZIP							] {
TITLE	VP	☐ DELETE			LE			Chang	je [	Addition	ľ
NAME	BRANDT, KIPP K	idt. Kipp k			ME	ì					1
STREET ADDRESS	15302 WILLOW LANE		2.3 ST	REET	ADORESS						
CITY-ST-ZIP	TAVARES FL			2.4 C		1		-	-		
TITLE	ST DELETE			3.1 TII		-		Chang	je [	Addition	1
NAME	DEHNER, CAROL J			3.2 NA	ME	Į					
STREET ADDRESS	15302 WILLOW LANE					ADDRESS					
CITY-ST-ZIP	TAVARES FL			3.4. C							
TITLE	THE PROPERTY OF THE PROPERTY O		DELETE	4.1 77				Chan	ge [	Addition	1
NAME	•			4. 2 N							1
, ,	:					ADORESS					
STREET ADDRESS						i i					1
CITY-ST-ZIP	☐ DELETE		_	4.4 CITY-ST-ZIP 5.1 TITLE			Chang	ae F	Addition	1	
TITLE	C DEFEIE			5.2 NAME							
NAME I						ADDRESS					
STREET ADDRESS				1		ì					1
CITY-ST-ZIP			☐ DELETE	5.4 CI 5.1 TI		) * 4IF		Chang	ne r	Addition	1
TITLE			☐ DELETE						,v L	- Addition	
NAME				6.2 NA							
STREET ADDRESS						ADDRESS					{
CITY-ST-ZIP				6.4 Cî	าง-รา	1-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: (la

CITY-ST-ZIP

Carol Solution of Signature And Types on Printed Name of Signing Officer or Director CAROL J. DEHNER