

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

10/2

PROFIT CORPORATION
1998
FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

SEP 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083739 (8)

1. Corporation Name
D.T.B., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
303 STATE ROAD 26
MELROSE FL 32666

Mailing Address
303 STATE ROAD 26
MELROSE FL 32666

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
JOHNS, WILLIAM GLENN
HCR 1 BOX 121E
HAMPTON FL 32044

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

(Note: Registered Agents are required when filing)

DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME JOHNS, WILLIAM G
STREET ADDRESS HCR 1 BOX 121 E
CITY-STATE-ZIP HAMPTON FL 32044
[] DELETE
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
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[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

200002780712--0
-02/19/99--01051--012
****143.75 ****143.75
200002780712--0
-02/19/99--01051--013
****165.00 ****165.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-18-98 (352) 468-2585

CR2E034 (5/98)

2d2

December 18, 1998

Florida Dept. of State of Florida
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

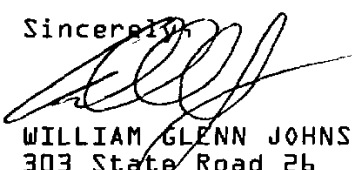
ATTN: Ms. Leslie Sellers

RE: D.T.B. Inc., Annual Report

Dear Ms. Sellers:

Enclosed please find my annual report for 1998 on the above referenced corporation as we discussed by telephone. As you will recall I had previously sent my renewal form along with the necessary funds which were returned to me at a wrong address. I am resubmitting the 2nd notice you sent me along with the original renewal fee you instructed me to do in order to take care of this matter. It is my understanding that due to the incorrect mailing you have waived all late fees on this corporation at this time. If you have any questions or I can be of further assistance to you, please feel free to contact my office. Thank you.

Sincerely,



WILLIAM GLENN JOHNS, Pres.
303 State Road 26
Melrose, FL 32666
(352) 468-2585
Facsimile (352) 468-1400