FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 24 PM 12: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089559 (4)

1. Corporation Name
DENT BUSTERS NORTH, INC.

Principal Place of Business	Mailing Address
451 CENTRAL PARK DRIVE LARGO FL 33771	451 CENTRAL PARK DRIVE LARGO FL 33771-2143

3. Date Incorporated or Qualified: 10/28/1996
3a. Date of Last Report:

2. Principal Place of Business
21 76 GULF BLVD
Suite, Apt. #, etc. 22
City & State 23 INDIAN ROCKS BEACH, FL
Zip 24 33785 Country 25 USA

2a. Mailing Address 76 GULF BLVD.
26 ~~P.O. BOX 103~~
Suite, Apt. #, etc. 27
City & State 28 INDIAN ROCKS BEACH, FL
Zip 29 33785 Country 30 US

4. FEI Number 59-3409064 — 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 X Yes ☐ No

9. Name and Address of Current Registered Agent
LOVELACE, WILLIAM K ESQ
2310 WEST BAY DRIVE
LARGO FL 33770

10. Name and Address of New Registered Agent
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	ALLEN, A L	
STREET ADDRESS	451 CENTRAL PARK DRIVE	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		☒ DELETE
NAME		
STREET ADDRESS		
[redacted]		
TITLE	P.S.T	☐ DELETE
NAME	ALLEN, A.L.	
STREET ADDRESS	76 GULF BLVD	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D, S, T	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. BOX 103	
1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
2.1 TITLE	P, D, S, T	☐ Change ☐ Addition
2.2 NAME	ALLEN, A.L.	
2.3 STREET ADDRESS	76 GULF BLVD	
2.4 CITY-ST-ZIP	INDIAN ROCKS BEACH 33785	
3.1 TITLE	P, S, T	☐ Change ☐ Addition
3.2 NAME	ALLEN, AL	
3.3 STREET ADDRESS	76 GULF BLVD	
3.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 [illegible]