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

Feb 26 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000020998 (5) D A **B** DESIGN, INC. Principal Place of Business Mailing Address 4825 A1A SOUTH # 4 4825 A1A SOUTH #4 ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3175348 21 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zio Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRITTON, DOROTHY A Name 4825 A1A SOUTH # 4 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32086 City Zip Code 11. Pursuant to the provisions of Sections 601.0502 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 DOROTHY A. BRITTON PRESIDENT Signature, typed or product name of regardless append to d talled appointable. 01/28/98 12. OFFICERS AND DIRECTORS IN 12 DELFIE ___ Addition NAME STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL. CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SI-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 61 TITLE TITLE

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14. Thereby certify that the information supplied with this filling 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 phanged, or on an attachment with an address

SIGNATURE:

**DOROTHY A. BRITTON 01/28/98 [904] 461-1114*

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS