

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000082506 (1)**

1. Corporation Name

**DBP, INC.**

Principal Place of Business

Mailing Address

**9715 GULFSHORE DR UNIT 101  
NAPLES FL 34108**

**9715 GULFSHORE DR UNIT 101  
NAPLES FL 34108**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/22/1997</b>	
21 <b>PANEVINO RITORANTE</b>		2a. <b>9715 GULFSHORE DR UNIT 101 NAPLES FL 34108</b>		4. FEI Number <b>65-0782924</b>	
22 <b>8853 TAMiami TRAIL</b>		2a. <b>9715 GULFSHORE DR UNIT 101 NAPLES FL 34108</b>		Applied For <input type="checkbox"/> Not Applicable	
23 <b>NAPLES FL</b>		2a. <b>9715 GULFSHORE DR UNIT 101 NAPLES FL 34108</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>34108</b>		2a. <b>9715 GULFSHORE DR UNIT 101 NAPLES FL 34108</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>COLLIER</b>		2a. <b>9715 GULFSHORE DR UNIT 101 NAPLES FL 34108</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCBRIDE, DAVID E  
9715 GULFSHORE DR UNIT 101  
NAPLES FL 34108**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBRIDE, DAVID E</b>	1.2 NAME	
STREET ADDRESS	<b>9715 GULFSHORE DR UNIT 101</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCBRIDE, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>9715 GULFSHORE DR UNIT 101</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRINZI, PHILIP</b>	3.2 NAME	
STREET ADDRESS	<b>2090 ABERDEEN LANE #101</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	3.4 CITY-ST-ZIP	
TITLE		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		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		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.

SIGNATURE: **Barbara McBride** 4-6-98 (941) 591-1274