

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P970000 83597**

1. Corporation Name

DCB Financial Solutions, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/26/97

4. FEE Number

59-3473652

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

1576 Elf Stone Dr

22 City & State

Casselberry, FL

23 Zip

32707

24 Country

USA

26 Mailing Address

1576 Elf Stone Dr

27 Suite, Apt. #, etc.

Casselberry, FL

28 Zip

32707

29 Country

USA

9. Name and Address of Current Registered Agent

**Daniel C. Burnight
1576 Elf Stone Dr
Casselberry, FL
32707**

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 607.002 and 607.008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am a duly authorized officer or director of the corporation. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the provisions of Section 607.005, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: If signed Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President/Treasurer** ☐ DELETE
NAME **Daniel C. Burnight**
STREET ADDRESS **1576 Elf Stone Dr**
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE **Secretary** ☐ DELETE
NAME **Susanne Burnight Earnest**
STREET ADDRESS **117 Tangelo Ct**
CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied by 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 incorporator or organizer of the corporation; and that my name appears in Block 12 or Block 13 of this statement or on any document with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/97)