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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OKEECHOBEE FL 34972

DOCUMENT

Principal Place of Business

1759 S. PARROTT AVENUE

OKEECHOBEE FL 34972

P98000035922 1. Corporation Name DA BOYS, INC.

3. Date Incorporated or Qualifed 04/00/4000

DO NOT WRITE IN THIS SPACE

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90116 001 ***150.00

Mailing Address 1759 S. PARROTT AVENUE

				1 04/20/1880	
2. Principal P	face of Business	2a. Mailing Address	· ·	4. FEI Number	Applied For
21		26		65-0850407	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Contiferate of Statute Basical	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e P	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	¬ ·	Personal Property Tax.	X Yes □No
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Register	
	o. Name and Address of Curren	it registered Agent	81 Name	10. Name and Address of New Register	ied Agein
VES.	T, RICHARD D		(VI) Hame		
•	•		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1759 S. PARROTT AVENUE					
UKE	ECHOBEE FL 34972	•	83		
)		
			84 City		Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named corpo	oration submits this statement for the purpose	
office or n	egistered agent or both, in the State	of Florida. Such change was auth	norized by the corporation	n's board of directors. I hereby accept the ap	ppointment as registered
agent. I a	m familiar with, and accept the obliga	tions of Section 607.0505, Elorid	la Statutes.		
SIGNATURE	4 Sunda K.	1/60	adra L. Va	est. Sec. troop 4	1.7.99
			egistered Agent signature required	d when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE	•	☐ Change ☐ Addition
NAME	VEST, RICHARD D		12 NAME		
STREET ADDRESS	1759 S. PARROTT AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		1.4 Crty-St-ZiP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
	\ -		1		Containing Contraction
NAME	VEST, SANDRA L		2.2 NAME		
STREET ADDRESS	1759 S. PARROTT AVENUE		2.3 STREET ADDRESS		
CITY+ST-ZIP	OKEECHOBEE FL 34972	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-ST-ZIP		
TITLE }	÷	DELETE , ,	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	,		3.4. CITY-ST-ZIP		
TITLE	 	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
Į	ı				
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	***	i	5.4 CITY-ST-ZIP		
TITLE	·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		C 21101190
			1		
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, with all other like empowered.

SIGNATURE:

941-763-7222