

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90143 039 \*\*\*150.00

DOCUMENT # P98000077128

1. Corporation Name  
DHB INTERNATIONAL, INC.

Principal Place of Business  
1605 NORTH PALM DRIVE  
AVON PARK FL 33825

Mailing Address  
1605 NORTH PALM DRIVE  
AVON PARK FL 33825



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

59-3535359

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc:

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ABLES, CLIFFORD M III  
551 SOUTH COMMERCE AVENUE  
SEBRING FL 33870

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 P  
NAME BAREFIELD, DAVID H  
STREET ADDRESS 1605 NORTH PALM DRIVE  
CITY-ST-ZIP AVON PARK FL 33825

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME BAREFIELD, JANICE F.  
1.3 STREET ADDRESS 1605 NORTH PALM DRIVE  
1.4 CITY-ST-ZIP AVON PARK FL 33825

2.1 TITLE VP  
2.2 NAME STEPHEN SMITH  
2.3 STREET ADDRESS ST ROAD 66  
2.4 CITY-ST-ZIP ZOLFO SPRINGS FL 33890

3.1 TITLE S  
3.2 NAME SHARLA BAREFIELD  
3.3 STREET ADDRESS 1605 NORTH PALM DRIVE  
3.4 CITY-ST-ZIP AVON PARK FL 33825

4.1 TITLE T  
4.2 NAME SABRINA LONG  
4.3 STREET ADDRESS 1605 NORTH PALM DRIVE  
4.4 CITY-ST-ZIP AVON PARK FL 33825

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Janice F. Barefield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE F. BAREFIELD

April 16, 1999

Date

Daytime Phone #

(041) 452-1281

CR2E034 (11/98)

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