

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90103 018 \*\*\*150.00

|                                                                                                                                                                                                                    |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                       |                                                                                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b>                          |  |
| <b>DOCUMENT # P98000094516</b>                                                                                                                                                                                     |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |  |
| <b>1. Corporation Name</b><br><b>D &amp; B LARSON &amp; SON, INC.</b>                                                                                                                                              |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |  |
| <b>Principal Place of Business</b><br>2141 LINDEN ROAD<br>WINTER PARK FL 32792                                                                                                                                     |                                                                                                 |                                                                                     | <b>Mailing Address</b><br>2141 LINDEN ROAD<br>WINTER PARK FL 32792                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                        |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                         |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |  |
| <b>3. Date Incorporated or Qualified</b><br>11/05/1998                                                                                                                                                             |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |  |
| <b>2. Principal Place of Business</b><br>21 Suits, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                     |                                                                                                 | <b>2a. Mailing Address</b><br>26 Suits, Apt. #, etc.<br>City & State<br>Zip Country |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>4. FEI Number</b><br>59-3547181                                                                                                                     |  |
|                                                                                                                                                                                                                    |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                 |  |
|                                                                                                                                                                                                                    |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
|                                                                                                                                                                                                                    |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7. This corporation owes the current year intangible Personal Property Tax.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>8. Name and Address of Current Registered Agent</b><br>LARSON, DENNIS<br>2141 LINDEN ROAD<br>WINTER PARK FL 32792                                                                                               |                                                                                                 |                                                                                     | <b>10. Name and Address of New Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                        |  |
|                                                                                                                                                                                                                    |                                                                                                 |                                                                                     | <b>11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.</b> |                                                                                                                                                        |  |
| <b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span> |                                                                                                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                        |  |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                  |                                                                                                 |                                                                                     | <b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                         | <input type="checkbox"/> DELETE<br>D LARSON, DENNIS<br>2141 LINDEN ROAD<br>WINTER PARK FL 32792 |                                                                                     | <b>1.1 TITLE</b><br><b>1.2 NAME</b><br><b>1.3 STREET ADDRESS</b><br><b>1.4 CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                         | <input type="checkbox"/> DELETE                                                                 |                                                                                     | <b>2.1 TITLE</b><br><b>2.2 NAME</b><br><b>2.3 STREET ADDRESS</b><br><b>2.4 CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                         | <input type="checkbox"/> DELETE                                                                 |                                                                                     | <b>3.1 TITLE</b><br><b>3.2 NAME</b><br><b>3.3 STREET ADDRESS</b><br><b>3.4 CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                         | <input type="checkbox"/> DELETE                                                                 |                                                                                     | <b>4.1 TITLE</b><br><b>4.2 NAME</b><br><b>4.3 STREET ADDRESS</b><br><b>4.4 CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                         | <input type="checkbox"/> DELETE                                                                 |                                                                                     | <b>5.1 TITLE</b><br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                         | <input type="checkbox"/> DELETE                                                                 |                                                                                     | <b>6.1 TITLE</b><br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |  |

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:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-99 4076282056

Date Daytime Phone

CR2E034 (1/98)