FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S84473 (5)DEBARY BUSINESS GROUP, INC. Principal Place of Business Mailing Address 101 HIGHWAY 17-92 101 HIGHWAY 17-92 DEBARY FL 32713 DEBARY FL 32713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 10/02/1**9**9 1</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3089519 Not Applicable 26 Suite, Apt. #, etc. Suite Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOLLY, JACK STAR ROUTE 2, BOX 439 82 Street Address (P.O. Box Number is Not Acceptable) CRESSANT CITY FL 32112 83 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELETE 1.1 TITLE Change HOLLY, DOUGLAS NAME 1.2 NAME 101 HIGHWAY 17-92 1.3 STREET ADDRESS STREET ADDRESS DEBARY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE HOLLY, ROSE **2.2 NAME** 101 HIGHWAY 17-92 STREET ADDRESS 2.3 STREET ADDRESS DEBARY FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4. City-ST-ZiP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

64 CITY+ST-ZIP 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 chaffied, or on an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

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