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

PROFIT<sup>®</sup> CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$84473**

1. Corporation Name

DEBARY BUSINESS GROUP, INC.

Tillicipal Flace	o or programos	Widning Address				1				
01 HIGHWAY 17-92 EBARY FL 32713		101 HIGHWAY 17-92 DEBARY FL 32713				DO NOT WRITE IN TH	IS SPACE	Ē		
						3. Date Incorporated or Qualifed				
						10/02/1991			ľ	
2Principal Place of Business			'ess -	- •		4. FEI Number		Applie	d For	
.!		26				59-3089519		Not Ar	pplicable	
Suite, Apt.	#. etc.	<del></del>	Suite, Apt. #, etc.			\$8.75 Additional				
.!	•	27	7			5. Certifcate of Status Desired	Fe	e Requi	red	
City & State	e		City & State			6. Election Campaign Financing	\$5	.00 ма	v Be	
!		28	8			Trust Fund Contribution Added to Fees				
; Zip	Country		Zip Count			8. This corporation owes the current year Intangible				
! !	25 29 30		30	0		Personal Property Tax.  Yes No				
•	9. Name and Address of Currer			7		10. Name and Address of New Registere	d Agent			
				81	Name					
HOL	LY, JACK				O( (ALL) (DO Do Number is Net Assessable)					
STAI	R ROUTE 2, BOX 439			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)				
	SSANT CITY FL 32112			83						
				84	City	F	85	Zip Cod	е	
		00 007 4500 51	d- Carandon don	1	named son	poration submits this statement for the purpose	_	o its rec	istered	
office or r	egistered agent, or both, in the State	of Florida. Such char	ige was authoriz	ed by i	the corporati	ion's board of directors. I hereby accept the app	ointment a	as regist	ered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.	0505, Florida St	atutes.						
SIGNATURE						ed when reinstating) DATE			[	
	Signature, typed or printed name of registered age	ID DIRECTORS	(NOTE: Register		signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIRE	CTORS	IN 12	
1 <b>2</b> .	D OFFICERS AN			TITLE		ADDITIONO/OTIANGES TO OTT TOERS	☐ Cha		Addition	
TLE				NAME						
AME )	HOLLY, DOUGLAS					•			j	
TREET ADDRESS				ADDRESS						
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IAME	HOLLY, ROSE	~		NAME		-			^	
TREET ADDRESS	101 HIGHWAY 17-92				ADDRESS					
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ITLE				TITLE			☐ Cha	niAg J	Addition	
AME			3.2	NAME						
TREET ADDRESS			3.3	STREET	ADDRESS					
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AME			4. 2	NAME						
TREET ADDRESS			. 4.3	STREET	ADDRESS					
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AME			6.2	NAME		,				
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407-668-5230

**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90099 001 \*\*\*150.00

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 copposition 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.