FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L85779** **(1)**

1. Corporation Name

PAUL DAVIS SYSTEMS OF SARASOTA AND MANATEE, INC.

Principal Place of Business
4274
4274 INDEPENDENCE COURT
SARASOTA FL 34234
US

Mailing Address
C/O ROBERT W. BENJAMIN
1550 RINGLING BLVD.
SARASOTA FL 34236-6749
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/09/1990	04/12/1994

2. Principal Place of Business (21): 4274 Independence Court
Suite, Apt. # (22):
City & State (23):

2a. Mailing Address (26):
Suite, Apt. # (27):
City & State (28):

4. FEI Number: 65-0209291 ☐ 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

Zip (24): Country (25): Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENJAMIN, ROBERT W.
1550 RINGLING BLVD.
SARASOTA FL 34236

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 607.0505 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

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new Registered Agent must sign) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
01 TITLE	DP	11 TITLE	☐ Change ☐ Addition
02 NAME	BOYD, PETER H	12 NAME	
03 STREET ADDRESS	4274 INDEPENDENCE COURT	13 STREET ADDRESS	
04 CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
05 TITLE	DST	21 TITLE	☐ Change ☐ Addition
06 NAME	BOYD, TANYA	22 NAME	
07 STREET ADDRESS	4274 INDEPENDENCE COURT	23 STREET ADDRESS	
08 CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
25 TITLE		61 TITLE	☐ Change ☐ Addition
26 NAME		62 NAME	
27 STREET ADDRESS		63 STREET ADDRESS	
28 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is true and accurate and that this report is delivered to the Florida Department of State within the time prescribed by law. I understand that any false information submitted in this report may subject me to criminal penalties. 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 above or on an attachment with an address.

SIGNATURE: Peter H Boyd PRESIDENT 5/1/95 813-359-3173
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

0341330 CP