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**

DOCUMENT # P96000068724

1. Corporation Name

WILLIAM	J. DAVIS, INC.							
Principal Place	e of Business	Mailing Address	Address			T 18811 Et 110 10114 SILL SULL SULL SULL SULL SULL SULL SULL		
5314 BLACK PI TAMPA FL 3362		5314 BLACK PINE DRIVE TAMPA FL 33624				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/11/1996		
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address				Applied For	
21	A separate and the separate se	26	26			59-3209283 No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$8.75	Additional	
22		27	7			5. Certificate of Status Desired	equired	
City & Stat	e		City & State			6. Election Campaign Financing \$5.00	May Be	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Cou			try 8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.	□No	
*	9. Name and Address of Currer					10. Name and Address of New Registered Agent		
-			_	81	Name		1	
DAV	is, william j					(D.O. Ber Musels and Alexandella)		
5314 BLACK PINE DRIVE				82	Street Add	dress (P.O. Box Number is Not Acceptable)	4	
TAMPA FL 33624				83				
Trust A LE GOOL I								
				84	City	FL	Code	
affina ar i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	ot Florida. Such change was all	morize	n nv	me conocial	poration submits this statement for the purpose of changing its tion's board of directors. I hereby accept the appointment as re	registered egistered	
SIGNATURE							{	
	Signature, typed or printed name of registered age			i Ageni	t signature requir	red when reinstating) DATE	DPC IN 12	
12.	,	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	☐ Addition	
TITLE	D	☐ DELETE	1.1 Π			Change	L. Addition	
NAME	DAVIO, VILLIAM O		1.2 N	AME	İ		{	
STREET ADDRESS	5314 BLACK PINE DRIVE		1.3 S	TREET	ADORESS		[
CITY-ST-ZIP	TAMPA FL 33624		1.4 C	ITY-SI	r-zip			
TITLE			2.1 T	ΠÆ		☐ Change	Addition	
NAME			2.2 N	AME				
STREET ADDRESS		A STATE OF S	2.3 S	TREET	ADDRESS	الما يعدونوها والما المادات		
CITY-ST-ZIP			2.40	CITY-S	T-ZIP			
TITLE		☐ DELETE				☐ Change	Addition	
NAME			3.2 NAME				ì	
STREET ADDRESS			3.3 S		ADDRESS		1	
	'				i			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-		. 20	☐ Change	☐ Addition	
		<u> </u>		VAME			ļ	
NAME			1		LYDDAEGG			
STREET ADDRESS					ADDRESS		ĺ	
CITY-ST-ZIP		☐ DELETE	-	ITY-S	T-ZIP	☐ Change	Addition	
TITLE			5.1 T 5.2 N			. Change		
MARKET	i		■ 52 N	MME	1			

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 any address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

Change

Addition

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90092 025 ***150.00