

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H55459

**Entity Name:** DAVIS DISTRIBUTORS, INC.

**Current Principal Place of Business:**

2400 W 84 ST  
UNIT 18  
HIALEAH, FL 33016

**Current Mailing Address:**

2400 W 84 ST  
UNIT 18  
HIALEAH, FL 33016

**FEI Number:** 59-2600902

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRUTE, MELVYN  
1090 KANE CONCOURSE  
SUITE 202  
BAY HARBOR ISLANDS, FL 33154 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name KEEGAN, CINDY D  
Address 2400 W 84 ST  
UNIT 18  
City-State-Zip: HIALEAH FL 33016

Title S  
Name KEEGAN, ALBERT E  
Address 13190 SW 16TH COURT  
City-State-Zip: DAVIE FL 33325

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERT E. KEEGAN

**SECRETARY**

**04/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date