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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90061 013 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 147526

Corporation Name

J.B. DAVIS INC.

Principal Plac	e of Business	Mailing Address			-		ELECT BIOM OFFICE I	EXECUTATION (BEC
420 LAKE SHO MADISON FL 3		420 LAKE SHORE DR MADISON FL 32340			DO NOT	WRITE IN THIS	S SPACE	
		•			3. Date Incorporated or Qua 06/21/1946	lifed		
2. Principal P	lace of Business	2a. Mailing Address	*		4. FEI Number	•	· Ap	plied For
21		26			59-0555659		<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27			5. Certifcate of Status Desire	ed. 🗆	Fee Re	quired
City & Stat	te .	City & State			6. Election Campaign Finance	cing .	· \$5.00	May Be
23		28	• •	-	Trust Fund. Contribution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year in		r=1
24	25		30		Personal Property Tax.	D	☐ Yes	□No
	9. Name and Address of Current	Kedisteten Agent	81	Name	10. Name and Address of N	ew Registered	Agent	
. DAV	IS JR,JAMES B	0			***		-	
	E & DUVAL STREET		82	Street Addres	ss (P.O. Box Number is Not Ac	ceptable)		
	ISON FL 32340	North 16 (17)	83				the state of the s	
	· · · ·	St. 1 8 1. 10 1.14 16 16 16 16 16 16 16 16 16 16 16 16 16						as a facility
			84	City	1 They are no treat		* 85 Zip C	Code
			. []	,			- 1 ~ 1 * 1 * 1	14. F . 1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-r	named corpor	ration submits this statement fo	r the purpose of	changing its	registered
office or r	egistered agent, or both, in the State o	f Florida. Such change was au	s, the above-r	named corpor	ration submits this statement for	r the purpose of	changing its intment as re	registered gistered
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was au	s, the above-r	named corpor	ration submits this statement for	r the purpose of	changing its intment as re	registered gistered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State o	f Florida. Such change was au ons of, Section 607.0505, Flori	s, the above-r thorized by the da Statutes.	named corpor e corporation	ration submits this statement for i's board of directors. I hereby a	r the purpose of	changing its intment as reg	registered gistered
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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 instead to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if prainged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 850-973:228