

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 # 159848

1. Corporation Name

THE DAVIS COMPANY OF TAMPA, INC.

Principal Place of Business

45 ADALIA AVE.
P O BOX 24598
TAMPA FL 33623
US

Mailing Address

45 ADALIA AVE.
P O BOX 24598
TAMPA FL 33623
US

2. Principal Place of Business

21 45 Adalia Ave.

Suite, Apt. #, etc.

City & State

23 Tampa FL 33606

Zip Country

24 33606 25 U.S.

2a. Mailing Address

26 45 Adalia Ave.

Suite, Apt. #, etc.

City & State

28 Tampa - FL

Zip Country

29 33606 30 U.S.

9. Name and Address of Current Registered Agent

DAVIS, GENE
P O BOX 24598
TAMPA FL 33623

3. Date Incorporated or Qualified

12/10/1949

4. FEI Number

59-0604384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Gene Davis

82 Street Address (P.O. Box Number is Not Acceptable)

45 Adalia Ave.

83

84 City

Tampa

FL

85 Zip Code

33606

11. Pursuant to the provisions of Sections 607.0502 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

(Change of Address) Gene Davis

1/6/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME DAVIS, GENE
STREET ADDRESS 45 ADALIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME DAVIS, HELEN GORDON
STREET ADDRESS 45 ADALIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME DAVIS, STEPHANIE
STREET ADDRESS 45 ADALIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME DAVIS, KAREN BETH
STREET ADDRESS 45 ADALIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME DAVIS, GORDON
STREET ADDRESS 45 ADALIA AVE.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 an address, with all other like empowered.

SIGNATURE:

Gene Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90095 039 ***150.00



DO NOT WRITE IN THIS SPACE

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