

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 286830

(5)

1. Corporation Name

LEE T. DAVIS & ASSOCIATES, INC.



Principal Place of Business

6335 WISTERIA LANE
APOLLO BEACH FL 33572

Mailing Address

6335 WISTERIA LANE
APOLLO BEACH FL 33572

3. Date Incorporated or Qualified

11/06/1964

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FET Number

59-1086851

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, LEE T
6335 WISTERIA LANE
APOLLO BEACH FL 33572

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 607.0502 and 607.1505, 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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of new registered agent for filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME DAVIS, SHARON
STREET ADDRESS 408 S WESTLAND
CITY-STATE-ZIP TAMPA FL

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS

TITLE T ☐ DELETE

NAME DAVIS, LEE T
STREET ADDRESS 6335 WISTERIA LANE
CITY-STATE-ZIP APOLLO BEACH FL

14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

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CR2E034 (12/95)