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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

FILED May 12 1997 8:00am Secretary of State

| DOCUMENT # 286830 (5) LEE T. DAVIS & ASSOCIATES, INC. Principal Place of Business B335 WISTERIA LANE APOLLO BEACH FL 33572 Mailing Address B335 WISTERIA LANE APOLLO BEACH FL 33572-2309 | | | | | | | | | | | | | | | |
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| | | | | | | | | | | 3. Date Incorporated of 11/06/1964 | or Qualified | | ate of Le | | port |
| 2. Principal F | lace of Busine | ess | 28 | . Mailing Add | ress | | | | | 4. FEI Number | | U4/ | 30/18 | | lied For |
| 21 | | | 26 | | | | | | | 59-1066851 | | | | | Applicable |
| Suite, Apl | Suite, Apt #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | | |
| City & Stat | 0 | | | City & State | · | | | · · · · · · · · · · · · · · · · · · · | | 6. Election Campaign I | Financino | | | | May Be |
| 23 | | | 28 | | | | | | | Trust Fund Contribu | _ | | | | Fees |
| Ζφ 24 | | Country 25 | 29 | Z ip | | 30 | Country | | | This corporation has Florida Statutes | | | tax Uno | ler s. | 199.032, |
| 531 | | and Address of C | | stered Agent | | 1001 | Τ | | | 10. Name and Address | | | | | |
| DA | US,LEE T | | | | | | 81 | Name | | | | | | | |
| 633 | 15 WISTERIA | | | | | | 52 Street | | ddres | is (P.O. Box Number is N | lot Acceptal | ble) | | | |
| AP | DLLO BEAC | H FL 33572 | | | | | | | | | | ` | | | |
| | | | | | | | 83 | | | | | | | | |
| | | | | | | | | | | | | | 85 | Zip C | ode |
| 11. Pursuant office or | to the provision | ons of Sections 60 ent, or both, in the | 7.0502 and 6 State of Flor | 507.1508, Flor ida. Such cha | rida Statu | ites, the | e above | City e-named c | corpor | ation submits this statem | nent for the pareby acce | FL ourpose of pt the app | f changi pointmer | ng its | registered egistered |
| SIGNATURE | | or printed hame of register | red agent and tite | o if applicable. | | TE: Regis | e above rized by Statutes | e-named c the corpo | | ation submits this statem n's board of directors. I h when renstating) ADDITIONS/CHANGE | | purpose or pt the app | | | |
| SIGNATURE | | or printed hame of register | | o if applicable. | | TE: Regis | e above ized by Statutes | e-named c the corpo | | | | purpose or pt the app | | TORS | |
| SIGNATURE | VP DAVIS, S | or printed harne of register OFFICERS | red agent and tite | o if applicable. | (NO | TE: Regis | e above rized by Statutes stered Age | e-named c the corpo | | when reinstating) | | purpose or pt the app | DIREC | TORS | IN 12 |
| SIGNATURE 12. TITLE NAME | VP DAVIS, SI 408 S WI | or printed hame of register OFFICER: HARON ESTLAND | red agent and tite | o if applicable. | (NO | TE: Regis | e above rized by Statutes stered Age 3. .1 TITLE | e-named c the corpo | | when reinstating) | | purpose or pt the app | DIREC | TORS | IN 12 |
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14. I do 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 3 inchanged, or on an attachment with an address.

SIGNATURE

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LEE T WAS

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Daytinte Phone #