

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:42

DOCUMENT # 332868

(9)

1. Corporation Name

PAUL DAVIS SYSTEMS, INC. OF ORLANDO

Principal Place of Business

Mailing Address

1155 N KENTUCKY AVE
ORLANDO FL 32789
US

1155 N. KENTUCKY AVE.
WINTER PARK FL 32789
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1968

3a. Date of Last Report

04/25/1994

4. FEI Number

59-1217417

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORBES, SARITA K.
1155 NORTH KENTUCKY AVENUE
WINTER PARK FL 32789

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

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

Sarita K. Forbes

Signature of Registered Agent and Name of Agent

(If "N/A" Registered Agent signature required when re-registering)

6-6-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FORBES, SARITA
STREET ADDRESS	1387 YELLOW PINE CT
CITY ST ZIP	WINTER SPRINGS FL
TITLE	ST
NAME	FORBES, ROBERT
STREET ADDRESS	1387 YELLOW PINE CT
CITY ST ZIP	WINTER SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1. TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1155 N. KENTUCKY AVE
1.4 CITY ST ZIP	WINTER PARK, FL 32789
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1155 N. KENTUCKY AVE
2.4 CITY ST ZIP	WINTER SPRINGS, FL 32789
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Sarita K. Forbes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARITA K. FORBES

6-6-95 407-629-6700

Date

Telephone #