

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 404728 (8)

1. Corporation Name

DAVIS PROPERTIES, INC.



Principal Place of Business

6642 HIGHWAY 19
NEW PORT RICHEY FL 34652

Mailing Address

6642 HIGHWAY 19
NEW PORT RICHEY FL 34652

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/11/1972

3a. Date of Last Report
03/14/1995

4. FEI Number

59-1409247

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

DAVIS, JAMES H
6642 HIGHWAY 19
NEW PORT RICHEY FL 34652

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 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of registered agent (sign over page 14 if the name is not the same as the name on the previous page)

Signature of Registered Agent (sign over page 14 if the name is not the same as the name on the previous page)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	P	☐ DELETE
2. NAME	DAVIS, BERNICE K	
3. STREET ADDRESS	3068 KAPOK DRIVE	
4. CITY-STATE-ZIP	CLEARWATER, FLORIDA 00000	
1. TITLE	V	☐ DELETE
2. NAME	DAVIS, JAMES H	
3. STREET ADDRESS	6828 RIVER RD	
4. CITY-STATE-ZIP	NEW PORT RICHEY, FL 00000	
1. TITLE	ST	☐ DELETE
2. NAME	DUFF, DORIS D	
3. STREET ADDRESS	1113 KAPOK CIRCLE	
4. CITY-STATE-ZIP	CLEARWATER, FLORIDA 00000	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY-STATE-ZIP	
5. 5. TITLE	☐ Change ☐ Addition
6. 6. NAME	
7. 7. STREET ADDRESS	
8. 8. CITY-STATE-ZIP	
9. 9. TITLE	☐ Change ☐ Addition
10. 10. NAME	
11. 11. STREET ADDRESS	
12. 12. CITY-STATE-ZIP	
13. 13. TITLE	☐ Change ☐ Addition
14. 14. NAME	
15. 15. STREET ADDRESS	
16. 16. CITY-STATE-ZIP	
17. 17. TITLE	☐ Change ☐ Addition
18. 18. NAME	
19. 19. STREET ADDRESS	
20. 20. CITY-STATE-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 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:

Doris D. Duff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 813-849-5946
Date Daytime Phone

CR2E034 (12/95)