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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90227 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 404728

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1972

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 DAVIS PROPERTIES, INC.

Suite, Apt. #, etc.

22 6624 U.S. HIGHWAY 19

City & State

23 NEW PORT RICHEY, FL

Zip Country

24 34652

25

2a. Mailing Address

26 DAVIS PROPERTIES, INC.

Suite, Apt. #, etc.

27 P. O. BOX 1528

City & State

28 NEW PORT RICHEY, FL

Zip Country

29 34656

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

JAMES H. DAVIS

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

6624 U.S. HIGHWAY 19

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34652

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

Doris D. Duff
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 **P** ☒ DELETE

NAME **DAVIS, BERNICE K**
STREET ADDRESS **3068 KAPOK DRIVE**
CITY-ST-ZIP **CLEARWATER, FLORIDA 00000**

TITLE **V** ☐ DELETE

NAME **DAVIS, JAMES H**
STREET ADDRESS **6828 RIVER RD**
CITY-ST-ZIP **NEW PORT RICHEY, FL 00000**

TITLE **ST** ☐ DELETE

NAME **DUFF, DORIS D**
STREET ADDRESS **1113 KAPOK CIRCLE**
CITY-ST-ZIP **CLEARWATER, FLORIDA 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James H. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 6, 1999

Date

(727) 849-5947

Daytime Phone #

CR2E034 (11/98)