

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90236 044 \*\*\*150.00

DOCUMENT # 415971

1. Corporation Name

PAUL W. DAVIS SYSTEMS, INC. OF COCOA

Principal Place of Business

2103 S US #1  
ROCKLEDGE FL 32955-0726

Mailing Address

2103 S US #1  
ROCKLEDGE FL 32955-0726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1973

4. FEI Number

59-1418597

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

9. Name and Address of Current Registered Agent

MCCURDY, TIMOTHY J.  
455 ST JOHNS DR.  
SATELLITE BCH., FL. FL 32937

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

PD  
NAME MCCURDY, TIMOTHY  
STREET ADDRESS 455 ST JOHNS DR.  
CITY-ST-ZIP SATELLITE BCH. FL

TITLE ☐ DELETE

TDS  
NAME MCCURDY, CONSTANCE  
STREET ADDRESS 455 ST JOHNS DR.  
CITY-ST-ZIP SATELLITE BCH. FL

TITLE ☐ DELETE

V  
NAME ROBBINS, JON  
STREET ADDRESS 1237 CARDINAL LANE/PO BOX 2114  
CITY-ST-ZIP DELAND FL 32720

TITLE ☐ DELETE

VD  
NAME BLANTON, JEROME  
STREET ADDRESS 489 CRYSTAL LAKE DR.  
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

D  
NAME BLANTON, ELIZABETH  
STREET ADDRESS 489 CRYSTAL LAKE DR.  
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

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