

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JAN 25 PM 2 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 454975 (4)

1. Corporation Name
DAVENPORT INVESTMENT CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
#2 Venus St. #2 Venus St.
JOSE FORASTIERI, GEYGO & MARGOZ RIVERA ST.
BOX 1298 BOX 1298
CAGUAS PR 00726-1206 CAGUAS PR 00726-1206

3. Date Incorporated or Qualified **06/18/1974** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1625597** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Box 9089** 26 **Box 9089**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Caguas** 28 **Caguas**
Zip Country Zip Country
24 **00726** 25 **P.R.** 29 **00726** 30 **P.R.**

9. Name and Address of Current Registered Agent
FERRIER, CHARLES F.
1800 HORDEN BLVD
LAKELAND FL 33813

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORASTIERI, JOSE' JR.	1.2 NAME	Forastieri, José Jr.
STREET ADDRESS	ST. CEIBA F 14-LA ABOLAD	1.3 STREET ADDRESS	A-9 Estancias El Verde
CITY- ST- ZIP	CAGUAS PR	1.4 CITY- ST- ZIP	Caguas, P.R.
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTAGENA, LUIS JR.	2.2 NAME	
STREET ADDRESS	ST. VENUS #12	2.3 STREET ADDRESS	
CITY- ST- ZIP	CAGUAS PR	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUERTES, ROBERTO ESQ. F	3.2 NAME	
STREET ADDRESS	FL CENTRO II BUILDING, SUITE 258	3.3 STREET ADDRESS	
CITY- ST- ZIP	HATO REY P.	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, MIGUEL A.	4.2 NAME	
STREET ADDRESS	ST. MERCURIO #24	4.3 STREET ADDRESS	
CITY- ST- ZIP	CAGUAS PR	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORASTIERI, MONSERRATE	5.2 NAME	
STREET ADDRESS	BOX 203	5.3 STREET ADDRESS	
CITY- ST- ZIP	CAGUAS P.	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTAGENA, ALEJANDRO	6.2 NAME	
STREET ADDRESS	BOX 388	6.3 STREET ADDRESS	
CITY- ST- ZIP	CAGUAS P.	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information contained with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 111.07(3)(b), Florida Statutes. I further certify that the information included 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 a person 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 from an attachment with an address.

SIGNATURE: _____ (Signature, typed or printed name of signing officer or director) **1/16/95 (809) 743-6102**