

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90245 036 ***150.00

DOCUMENT # 531154

1. Corporation Name
PHILIP H. DAVIDSON, INC.

Principal Place of Business
% PHILIP H. DAVIDSON
1245-BAYSHORE-DR.
ENGLEWOOD-FL 34223-4611

Mailing Address
% PHILIP H. DAVIDSON
1245-BAYSHORE-DR.
ENGLEWOOD-FL 34223-4611

NOTE
NEW
ADDRESS
↓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 NOTE ADDRESS	26 1347 ELYSIUM BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Change →	City & State
23 MT DORA FL	City & State
Zip	Zip
24 25 Country	29 32757 30 ORANGE Country

3. Date Incorporated or Qualified	04/08/1977
4. FEI Number	59-1738359
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIDSON, PHILIP H. 1245 BAYSHORE DR. ENGLEWOOD FL 33533	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	NEW ADDRESS
NAME	DAVIDSON, DIANNE	1.2 NAME	1347 ELYSIUM BLVD
STREET ADDRESS	1245-BAYSHORE-DR.	1.3 STREET ADDRESS	MT. DORA FL 32757
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	
NAME	DAVIDSON, PHILIP H.	2.2 NAME	
STREET ADDRESS	1245-BAYSHORE-DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Philip Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

352-3850250
Date Daytime Phone #

CR2E034 (11/98)