

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **593956**
Corporation Name
H. VERNON DAVIDS, P.A.

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90020 015 ***150.00

0102210

Principal Place of Business

65 W GREEN ST
ENGLEWOOD FL 34223
US

Mailing Address

165 W GREEN ST
ENGLEWOOD FL 34223
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1978

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

City & State

28

City & State

Zip

Country

25

Zip

Country

29

30

4. FEI Number

59-1879036

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.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DAVIDS, H VERNON
165 W GREEN ST.
ENGLEWOOD FL 34223

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

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

| | | |
|----|---------------------|---------------------------------|
| 1 | DAVIDS, H VERNON | <input type="checkbox"/> DELETE |
| 2 | 300 N. OXFORD DRIVE | |
| 3 | ENGLEWOOD, FL 0 | |
| 4 | | <input type="checkbox"/> DELETE |
| 5 | | |
| 6 | | <input type="checkbox"/> DELETE |
| 7 | | |
| 8 | | <input type="checkbox"/> DELETE |
| 9 | | |
| 10 | | <input type="checkbox"/> DELETE |
| 11 | | |
| 12 | | <input type="checkbox"/> DELETE |
| 13 | | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

585489-90020-15
Do- 593956

LAW OFFICE OF
H. VERNON DAVIDS, P.A.

590 Tamiami Trail
North Port Charlotte, FL 33953
Voice: (941) 764-8110
Fax: (941) 764-8115

165 West Green Street
Englewood, FL 34223
Voice (941) 475-7922
Fax (941) 475-6105

July 7, 1999

Division of Corporations
Annual Reports Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Annual Report of H. VERNON DAVIDS, P.A.

Enclosed is a check for \$150.00 as the annual fee for this corporation. The original form for filing this report was never received. At the same time that I received this second notice for my corporation, I received a 2nd notice for the SHERIFF'S EQUESTRIAN ASSOCIATION, INC. for which I am the registered agent. For whatever reason neither of the originals was received at my office.

Your office was contacted about this and I was advised to file the report with the \$150.00 filing fee and that you would take under consideration whether or not accept this late filing with this fee.

Thank you for your attention to this matter.

Sincerely,



H. Vernon Davids

HVD/bd