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

DOCUMENT # 652189

1. Corporation Name

DAVIDTHOM INC

DAVIDTH	OM, INC.	_								
Principal Place of Business Mailing Address										
2235 BRUNER LANE FORT MYERS FL 33912		2235 BRUNER LANE FORT MYERS FL 33912				DO NOT WOITE	IN THIS	PACE		
US		US			_	DO NOT WRITE IN THIS SPACE				
00						3.	Date Incorporated or Qualifed 01/14/1980			
2. Principal Pla	and of Business	2a. Mailing Address			4.	. FEI Number			olied For	
\neg	ACE OF BUSINESS	26				<u>59-1965973</u>			Applicable	
21 Suite, Apt. #	t. etc.	Suite, Apt. #, etc.			5.	. Certifcate of Status Desired	×	\$8.75 A Fee Red		
22	•	27							`	
City & State	1	City & State			6.	. Election Campaign Financing		\$5.00 (Added to		
23		28			_+_	Trust Fulld Contribution				
Zip	Country	Zip Country			8	8. This corporation owes the current year Intangible Personal Property Tax. Yes No				
24	25	29	30). Name and Address of New Ro	gistered /	Agent	
	9. Name and Address of Currer	nt Registered Agent		81	Name		. Hamo and read the			
	DOT AND			٠.۱						
	H, DOT ANN		82 Street A			Address (P.O. Box Number is Not Acceptal	ole)		ļ
	GOVERNORS DRIVE		F							
FOR	r Myers fl 33907						<u> </u>		<u></u>	
			ļ	84	City			FL	85 Zip (Code
	to the provisions of Sections 607.050						on submits this statement for the t		changing its	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	authorized orida Statu E. Registered	ites			n reinstating)	DATE		
	Signature, typed or printed name of registered age	and and a spirit	13.	Agen	- Synthetic -		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
12.		ND DIRECTORS	1,1 111	LE.					Change	☐ Addition
TITLE	PD CANTOL MARKES M		1.2 NA							
NAME	SMITH, JAMES M				TADDRESS					[
STREET ADDRESS	5457 GOVERNORS DRIVE		1.4 CF			ļ				
CITY-ST-ZIP	FT. MYERS FL 33907	☐ DELETE	2.1 117		1-20	<u> </u>			Change	☐ Addition
TITLE	TDS		22 NA							
NAME	SMITH, DOT ANN				T ADDRESS	1			٠	
STREET ADDRESS					ST-ZiP	۱ ،				·
CITY-ST-ZIP	FT. MYERS FL 33907	FL 3390/ □ DELETE 3		3.1 TITLE				-	_ Change	Addition
THIS	VD ONTEL IFFEEDY P		3.2 N/							
NAME	SMITH, JEFFERY R.				TADDRESS					l
STREET ADDRESS					ST-ZIP					
CITY-ST-ZIP	FT. MYERS FL 33928	☐ DELETE	4.1 TI						Change	☐ Addition
TITLE		_	4.2N	IAME						
NAME					T ADDRESS	s				
STREET ADDRESS	5		4.4 C	ITY-S	ST-ZIP					
CITY-ST-ZIP		DELETE	5.1 TI			1			☐ Change	Addition
TITLE			5.2 N	AME						
NAME			5.3 S	TREE	ET ADDRESS	S				
STREET ADDRESS	7		5.4 C	iTY-	ST-ZIP					# PT 4 I I''
CITY-ST-ZIP		☐ DELETE	6.1 T	MLE		1			Change	Addition
TITLE			6.2 N	IAME						
NAME			6.3 S	TRE	ET ADDRESS	s				
STREET ADDRESS	°[6.4 0	CITY-	ST-ZIP	}				information

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:

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90136 011 ***158.75