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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 673754

(8)

DAVCON	CORPORATION							
Principal Place of Business Mailing Address 35940 JOHN'S LANE 19333 MELODY LN. EUSTIS FL 32736 EUSTIS FL 32736-2215							OLEAN EARTH OIRER BHOM BAD	il Brilis shil
US						3. Date Incorporated or Qualified	3a. Date of Last	Report
						06/17/1980	03/04/1996	
2. Principal P	Pace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-2107025	<del>  </del>	lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22	· · · · · · · · · · · · · · · · · · ·	27				o. Certificate of Status Dealled	Fee F	Required
City & Stat	e	City & State				6. Election Campaign Financing		May Be
23	Constant	28	7			Trust Fund Contribution	<del></del>	to Fees
Zip	Country	Zip		intry		8. This corporation has liability for		6. 199.032,
24	25 9. Name and Address of Curr	29 29 Agent	30	Ι		Florida Statutes  10. Name and Address of New Re	Yes No	
WEE	3B, MARILYN A.			81	Name			
	33 MELODY LN.			-	Otro at A dala	(2.0 B. N. J. J. N. A. J. J. A. J. A	.1.1	***************************************
	TIS FL 32736			82	Street Addr	ess (P.O. Box Number is Not Acceptat	He)	
LUG	110 1 6 02/00			83			<del></del>	
				84	Cily	······································	FI 85 Zip	Code
11. Pursuant office or r agent I a SIGNATURE	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obling the section of the section o					oration submits this statement for the plon's board of directors. I hereby accepted when reinstating)	ourpose of changing of the appointment a	its registered s registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	DELETE	1.1 Ti	TLE			☐ Change	Addition
NAME	WEBB, DAVID E		1.2 N/	AME				
STREET ADDRESS	19333 MELODY LANE		1.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 00000		1.4 Ci	iTY - \$1	T-ZiP			
TITLE	PST			TLE			Change	☐ Addition
NAME	WEBB, MARILYN A		2.2 N/	2.2 NAME		•		
STREET ADDRESS	19333 MELODY LANE		2.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 00000	*****	2.40	ITY-S	T- <b>Z</b> IP		····	
TITLE	D	☐ DELETE	3.1 TI	TLE			Change	Addition Addition
NAME	WEBB, MARILYN A		3.2 N/	AME			•	
STREET ADDRESS	19333 MELODY LANE		3.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	EUSTIS, FL 00000	l protect		ITY-S	ST-ZIP		T 54	
TITLE		☐ DELETE	4.1 Ti				L Change	Addition
NAME			4. 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 Ti		I-ZIP		Change	Addition
		The Decert	5.2 N/				First Citerials	Long Figures
NAME PERFECT ANNUALSS					Annarce			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CI 6,1 TI		1+211		☐ Change	Addition
NAME		- Service	6.2 NJ					, toution
STREET ADORESS					ADDRESS	+		
STITEL I ADDIRESS			0.0 3	, rect	, DUILOU			

14. I do 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: \*\*Mathematical Computation\*\*

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