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

**PROFIT CORPORATION** ANNUAL REPORT

1998

DAVDON, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

## FILED Mar 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 403 JASHINE WAY 403 JASMINE WAY CLEARWATER FL 34616-3821 CLEARWATER FL 34616-3821 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2075073 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name WALKER, DONALD L **403 JASMINE WAY** 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 84 City 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, typed or pooled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE WALKER, DONALD L NAME 1.2 NAME **403 JASMINE WAY** STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34616-3821** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE VP TITLE 21 TITLE Addition WALKER, KAREN KL NAME 22 NAME **403 JASMINE WAY** STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 34816-3821** CITY - ST-ZIP 2 4 City-St-ZiP DELETE TITLE 31 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 THILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITI F DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY - ST - ZIF

14. Thereby 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

KARENK. WALKER 3/09/98 813-725-5090 SIGNATURE: