

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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90065 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **F29023**

1. Corporation Name
DAVDON, INC.

Principal Place of Business
JASMINE WAY
CLEARWATER FL 34616-3821

Mailing Address
403 JASMINE WAY
CLEARWATER FL 34616-3821
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1981

4. FEI Number
59-2075073

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 Tax. Yes No

2a. Mailing Address
26 Post Office Box 6516

27 Suite, Apt. #, etc.

28 City & State
Clearwater FL

29 Zip
33758-6516

30 Country
USA

9. Name and Address of Current Registered Agent
WALKER, DONALD L.
403 JASMINE WAY
CLEARWATER FL 34616

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. ADDRESS ST-ZIP	PST WALKER, DONALD L 403 JASMINE WAY CLEARWATER FL 34616-3821 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP	VP WALKER, KAREN KL 403 JASMINE WAY CLEARWATER FL 34616-3821 <input type="checkbox"/> DELETE	1.2 NAME	
1. ADDRESS ST-ZIP		1.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		1.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		2.2 NAME	
1. ADDRESS ST-ZIP		2.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		2.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		3.2 NAME	
1. ADDRESS ST-ZIP		3.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		3.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		4.2 NAME	
1. ADDRESS ST-ZIP		4.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		4.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		5.2 NAME	
1. ADDRESS ST-ZIP		5.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		5.4 CITY-ST-ZIP	
1. ADDRESS ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. ADDRESS ST-ZIP		6.2 NAME	
1. ADDRESS ST-ZIP		6.3 STREET ADDRESS	
1. ADDRESS ST-ZIP		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, with all other like empowered.

SIGNATURE: KAREN K. WALKER **KAREN K. WALKER** 1.05.99 813-725-5090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)