

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

0582425

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90144 039 ***150.00

DOCUMENT # **F93071**

1. Corporation Name

DAVIS HARDWARE, INC.

Principal Place of Business
**6642 HIGHWAY 19
NEW PORT RICHEY FL 34652**

Mailing Address
**6642 HIGHWAY 19
NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1982

4. FEI Number

59-2223247

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **6624 U.S. HIGHWAY 19**

Suite, Apt. #, etc.

22

City & State

23 **New Port Richey, FL**

Zip

24 **34652**

Country

25

2a. Mailing Address

26 **P. O. BOX 1528**

Suite, Apt. #, etc.

27

City & State

28 **NEW PORT RICHEY, FL**

Zip

29 **34656**

Country

30

9. Name and Address of Current Registered Agent

**DAVIS, JAMES H
6642 HIGHWAY 19
NEW PORT RICHEY FL 33552**

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DAVIS, JAMES H**

STREET ADDRESS **6828 RIVER RD.**

CITY-ST-ZIP **NEW PT. RICHEY FL 34652**

TITLE **V** ☐ DELETE

NAME **DAVIS, CLARA E**

STREET ADDRESS **6828 RIVER ROAD**

CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **ST** ☐ DELETE

NAME **DAVIS, MELISSA A**

STREET ADDRESS **12415 BERKELEY SQ DR**

CITY-ST-ZIP **TAMPA FL 32626**

TITLE **V** ☐ DELETE

NAME **DAVIS, MATTHEW P**

STREET ADDRESS **7918 LEOTA LN**

CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

James H Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 15, 1999

(727) 849-5947

Date

Daytime Phone #

CR2E034 (11/98)