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May 06 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT
~~1995~~ 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G59592 (7)

1. Corporation Name
PAUL DAVIS SYSTEMS, INC. OF DAYTONA

Principal Place of Business	Mailing Address
632 N RIDGEWOOD AVE DAYTONA BEACH FL 32114 US	632 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2389040 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBBINS, J G
632 N RIDGEWOOD AVE
DAYTONA BCH FL 32114

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 _____ DATE
Signature, typed or printed 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	
TITLE	VPD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, J G	1.2 NAME	
STREET ADDRESS	~~15703 SHELLDRACKER RD~~ 5105 John Anderson Hwy	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL~~ Flagler Beach, FL 32136	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, JON W	2.2 NAME	
STREET ADDRESS	1237 CARDINAL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, KAREN BARKER	3.2 NAME	
STREET ADDRESS	1237 CARDINAL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, WILLIAM C	4.2 NAME	
STREET ADDRESS	2800 PARR CT W	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	4/26/97
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	400002176624
STREET ADDRESS		5.3 STREET ADDRESS	-05/13/97--01067--012
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4/28/97

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] (J. Glenn Robbins, VP) 4/25/95 (904)252-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #