

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

632 N RIDGEWOOD AVE  
DAYTONA BEACH FL 32114  
US

Mailing Address

632 N. RIDGEWOOD AVE.  
DAYTONA BEACH FL 32114  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1983

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Jon W. Robbins

82 Street Address (P.O. Box Number is Not Acceptable)

632 N. Ridgewood Ave

83

84 City

Daytona Beach

FL

85 Zip Code

32114

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 VPD ☒ DELETE

NAME ROBBINS, J G  
STREET ADDRESS 5105 JOHN ANDERSON HWY  
CITY-ST-ZIP FLOLER BEACH FL 32136

TITLE PD ☐ DELETE

NAME ROBBINS, JON W  
STREET ADDRESS 1237 CARDINAL LANE  
CITY-ST-ZIP DELAND FL

TITLE SD ☐ DELETE

NAME ROBBINS, KAREN BARKER  
STREET ADDRESS 1237 CARDINAL LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE

NAME ROBBINS, WILLIAM C  
STREET ADDRESS 2800 PARR CT W  
CITY-ST-ZIP JACKSONVILLE FL

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.

SIGNATURE

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

FILED  
Jul 16 1998 8:00am  
Secretary of State



CR2E034 (5/98)