

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).

FILED  
 Jul 16 1998 8:00am  
 Secretary of State

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 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

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

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

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 *Jon W. Robbins* **Jon W. Robbins President & Director** 7/2/98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, J G</b>	1.2 NAME
STREET ADDRESS	<b>5105 JOHN ANDERSON HWY</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>FLORER BEACH FL 32136</b>	1.4 CITY-ST-ZIP
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, JON W</b>	2.2 NAME
STREET ADDRESS	<b>1237 CARDINAL LANE</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>DELAND FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, KAREN BARKER</b>	3.2 NAME
STREET ADDRESS	<b>1237 CARDINAL LANE</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBBINS, WILLIAM C</b>	4.2 NAME
STREET ADDRESS	<b>2800 PARR CT W</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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. *Jon W. Robbins*  
 SIGNATURE *Jon W. Robbins* **Jon W. Robbins President & Director** 7/2/98

CR2E034 (5/98)