

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H70788 (5)

1. Corporation Name

PAUL W. DAVIS INTERNATIONAL CORPORATION



Principal Place of Business

9000 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256
US

Mailing Address

9000 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DAVIS, PAUL W.
8933 WESTERN WAY
SUITE 12
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified
08/09/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2568862

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

10. Name and Address of New Registered Agent

81 Name Paul W. Davis

82 Street Address (P.O. Box Number is Not Acceptable)
301 Meadowfield Bluff Road

83

84 City Yulee

FL

85 Zip Code 32097

11. Pursuant to the provisions of Sections 607.0602 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 CD ☐ DELETE
NAME DAVIS, PAUL W
STREET ADDRESS 9000 CYPRESS GREEN DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD ☐ DELETE
NAME DAVIS, BRENDA
STREET ADDRESS 9000 CYPRESS GREEN DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☒ DELETE
NAME MILAM ARTHUR
STREET ADDRESS 50 LAURA ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE DS ☐ DELETE
NAME Robinson, Timothy
STREET ADDRESS 9000 Cypress Green Drive
CITY-ST-ZIP Jacksonville, FL 32256

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 32256

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 32256

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 DS Robinson, Timothy
4.3 STREET ADDRESS 9000 Cypress Green Drive
4.4 CITY-ST-ZIP Jacksonville, FL 32256

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3-6-96 (904) 2372778

CR2E034 (12/95)