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

**PROFIT** CORPORATION annual report



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

H70788

(5)

DOCUMENT # PAUL W. DAVIS INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 9000 CYPRESS GREEN DRIVE 9000 CYPRESS GREEN DRIVE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-7791 3a. Date of Last Report 3. Date Incorporated or Qualified 08/09/1985 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2568862 21 26 Not Applicable Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country  $Z_{\rm IP}$ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, PAUL W 301 MEADOWFIELD BLUFF ROAD Street Address (P.O. Box Number is Not Acceptable) YULEE FL 32097 63 RA. Zip Code Fursuant to the provision 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 fair that, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change CD 1011 11 TITLE DAVIS, PAUL W NAME 12 NAME CR2E034 9000 CYPRESS GREEN DRIVE 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32258 1.4 CITY-ST-ZIP  $C(IY \cdot SI \cdot ZI)$ PD DELETE Change Addition TITLE 2.1 TITLE DAVIS, BRENDA 22 NAME NAME 9000 CYPRESS GREEN DRIVE STREET ADORESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256 2. 4 CITY-ST-ZIP CID: ST DELETE Change Addition 1171.6 3.1 TITLE ROBINSON, TIMOTHY 3.2 NAME NAME 9000 CYPRESS GREEN DRIVE 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 34 CITY-ST-ZIP DELETE 4 1 TITLE Change Addition THE 4. 2 NAME NAMI 4 3 STREET ADDRESS STREET ADDRESS OUA-SU YE 4.4 CiTY-ST-ZIP DELETE Change Addition LIH 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST 3P DELETE Change Addition THE 6.1 TITLE 6.2 NAME MARAS STREET ADDRESS 6.3 STREET ADDRESS C:TY - \$1 - Z(P) 6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE:

appears in Block 12 or Block 13 if

(96/6)

**FILED** 

May 16 1997 8:00am

Secretary of State