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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J19200 DOCUMENT #
1. Corporation Name

(1)

HENRY DAVIS HOUSE INC

I ILIAN	11 DAVIS 1100SE, INC.				
Principal Place	of Business	Mailing Address			016 B1001 01011 01011 D1211 D1011 01011 1001
% SANDRA 4711 BEGG ORLANDO		% SANDRA J. GODZ 4711 BEGGS ROAD ORLANDO FL 32810	як		
				06/12/1986	3a. Date of Last Report 05/01/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2694559	Applied For Not Applicable
Suite, Apt. 4	i, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for inta Florida Statutes Yes [	ngible tax under s 199.032,
,	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	Istered Agent
		3 402 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81 Name		
	k, sandra j. Beggs road		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	NDO FL 32810		83		
			84 City		FL 85 Zip Code
11. Pursuant t or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric	arid 607.1508, Florida Statut da. Such change was authoriz	es, the above-named corpored by the corporation's boa	ration submits this statement for the purpord of directors. I hereby accept the appoint	se of changing its registered office Iment as registered agent. I am
SIGNATURE	in, and accept the obligations of, Secti	on 607.0003, Florida Statutes	».		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NC	TE: Registered Agent signature require	d when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PV CDANK D	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	GODZIK, FRANK D.		1.2 NAME		
STREET ADDRESS	4711 BEGGS ROAD ORLANDO FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST ST	FD DELETE	1.4 CITY-ST-ZiP		F7 Character F7 Agging
TITLE		DELETE	2. 1 TITLE		Change Addition
NAME	GODZIK, SANDRA J. 4711 BEGGS ROAD		2.2 NAME		
STREET ADDRESS	ORLANDO FL		2.3 STREET ADDRESS		Į
CITY-ST-ZIP	ORDANDO FL	C DELETE	2 4 CITY - \$1 - ZIP		Change
TITLE	]	DELETE	3 TTITLE		Change Addition
NAME OTOGET ADDRESS			3.2 NAME		
STREET ADORESS			3.3. STREET ADDRESS		
CHTY-ST-ZIP TITLE	<del> </del>	[] DELETE	3 4 CITY - ST - ZIP 4. 1 THTLE		Change Addition
NAME	1		4.2 NAME		[] ans.de [] and.de
STREET ADDRESS			4.3 STREFT ADDRESS		·
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE	<del> </del>	DELETE	5 1 BillE		☐ Change ☐ Addition
NAME		· ·	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6. 1 TITLE		Change Addition
NAME		<b>—</b>	6.2 NAME		<del>-</del> · <del></del>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

LD Hotzik Frank 3. God 218

S-10-96

407 241-99/1

Daytime Phone #

CR2E034 (12/95)