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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** 1. Corporation Name

DAVIS MARKETING ASSOCIATES, INC.

DAYIS MARKETING ASSOCIATES, 1110-										
Principal Place	of Business	· ·	Mailing Address							
913 GULF BREE SUITE 2 GULF BREEZE F		P.O. BOX 1126 Gulf Breeze Fl 32562 US				DO NOT WRITE IN THIS SF	'ACI			
Joseph Grander	2 3330					3. Date Incorporated or Qualifed 03/16/1987	ialifed			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number 59-2781406				
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>\$8.</b>			
City & State	)	City & State	-		-	6. Election Campaign Financing Trust Fund Contribution	<b>\$5</b>			
Zip	Country 25	Zip Country			_	8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Current Registered Agent  DAVIS, DENNIS 1092 KELTON BLVD GULF BREEZE FL 32501					10. Name and Address of New Registered Ag	ent			
1092					Name Street Add	ress (P.O. Box Number is Not Acceptable)				

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90015 037 \*\*\*150.00



Applied For Not Applicable

□No

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

DAVIS, DENNIS 1092 KELTON BLVD			101	IName					
			82	82 Street Address (P.O. Box Number is Not Acceptable)					
GULF BREEZE FL 32501									
			84	City			85	Zip Co	ode
				,		<u>FL</u>		<u>.</u>	
office or re	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auth	orized by	the corp	I corporation submits this statement for the purp location's board of directors. I hereby accept the	ose of c appoint	hangir tment	ıg its regi	egistered stered
SIGNATURE		40075 5			required when reinstating)	ATE			
12.	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE: Re	13.	it signature	ADDITIONS/CHANGES TO OFFICE		DIRE	CTOR	S IN 12
TITLE	PSD PSD	DELETE	1.1 TITLE				☐ Cha		Addition
	·		1.2 NAME						
NAME	DAVIS, DENNIS			T ADDRESS					
STREET ADDRESS					` <del>\</del>				
CITY-ST-ZIP	GULF BREEZE FL 32561	DELETE	1.4 CITY-S 2.1 TITLE	1-212			☐ Cha	ange	Addition
TITLE		_ bcccic						•	_
NAME			2.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		D DELETE	2.4 CITY-S	ST-ZIP			☐ Cha	nne	Addition
TITLE		DELETE	3.1 TITLE					80	
NAME			3.2 NAME						
STREET ADDRESS	•		3.3 STREET	TADORESS					
CITY-ST-ZIP			3.4. CITY-5	T-ZIP					/ Addition
TITLE		☐ DELETE	4.1 TITLE				☐ Ch	ange	Addition Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	T ADDRESS					
CITY-ST-ZIP		***	4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Ch	ange	☐ Addition
NAME	·		5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS	<b>;</b>				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		□ DELETE	6.1 TITLE				☐ Ch	ange	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS	<b>s</b> }				
CITY-ST-ZIP			6.4 CITY-S						
14. I hereby o	certify that the information supplied with this filing does	not qualify for th	e exempt	ion state	ed in Section 119.07(3)(i), Florida Statutes. I furti	ner certi	fy that	the inf	ormation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same regarded as it made dider out, that it among 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 inchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: