

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 # J66069

(2)

1. Corporation Name

DAVIS-5, INC.



Principal Place of Business

Mailing Address

% RHONDA P. DAVIS
5909 E. BRECKINRIDGE PKWY
TAMPA FL 33610-4263

% RHONDA P. DAVIS
5909 E. BRECKINRIDGE PKWY
TAMPA FL 33610-4263

3. Date Incorporated or Qualified
04/08/1987

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1911 U.S. Hwy 301, N.

26 1911 U.S. Hwy. 301, N.

4. FEI Number

59-2795750

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite # 230

Suite, Apt. #, etc.

27 Suite # 230

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Tampa, FL

City & State

28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

24 33619

25 USA

Zip

Country

29 33619

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, RHONDA P.
5909 E. BRECKINRIDGE PKWY
TAMPA FL 33680

81 Name Rhonda P. Davis

82 Street Address (P.O. Box Number is Not Acceptable)
1911 U.S. Hwy 301, N.

83 Suite 230

84 City Tampa

FL

85 Zip Code
33619

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 Rhonda P. Davis, Vice-President

4-15-96

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 D ☐ DELETE
NAME DAVIS, E. FRANK
STREET ADDRESS 13005 BELL CREEK CHASE
CITY-ST-ZIP RIVERVIEW FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1911 U.S. Hwy. 301, N. # 230
1.4 CITY-ST-ZIP Tampa, FL. 33619

TITLE D ☐ DELETE
NAME DAVIS, RHONDA P.
STREET ADDRESS 13005 BELL CREEK CHASE
CITY-ST-ZIP RIVERVIEW FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1911 U.S. Hwy. 301, N. # 230
2.4 CITY-ST-ZIP Tampa, FL. 33619

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Rhonda P. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

813/623.6400

Date Daytime Phone #

CR2E034 (12/95)