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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K49524

(7)

M. M. DAVIS, INC.

141· 141· O	AVIO, 1110:								
Principal Place	e of Business	Mailing Address				-{			DIAN III
135 MINGO TRAIL UNIT 222 LONGWOOD FL 32750		135 MINGO TRI. UNIT 222 LONGWOOD FL 32750-5187							
US		US	US			3. Date Incorporated or Qualified 12/07/1988 3a. Date of Last Report 05/01/1996			eport
2. Principal F	lace of Business	2a. Mailing Address 26				4. FEI Number 59-2917103		→	plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	e	City & State	_ 			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	May Be
23 Zip	Country	Zip	Cou	intry		8. This corporation has liability for		tax under s.	
24	25 9. Name and Address of Currer		30]			Florida Statutes 10. Name and Address of New R			
		it tredistored whent		81 Nar	ne .	(U. Mario and Addides Critical II	ogiotorou .	- Agoin	
	1S, PAUL R.								
1192 TROTWOOD WINTER SPRINGS FL 32708				82 Street Address (P.O. Box Number is Not Acceptable) 1115 Arbor Glen Circle					
THE	ITEM SPAINUS FL 32700			83		ALDOL GIER CILC.			
				24 07				las I Zin /	^~-d-
				84 City	71 nta	er Springs,	FL	િચિત્ર	Code 27.08
11. Pursuant office or ragent if a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the a uthorize rida Sta	bove-nand by the dutes.	ed corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of ept the app	changing it ointment as	s registered registered
SIGNATURE									
12.	Signature type disciprofeed rance of registered agr OFFICERS AN		: Registere	d Agent sign	ature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTOR	S IN 12
12. 101.6	PD OFFICERS AIN	DELETE	1.1 []	TI F	-1-	ADDITIONS/CHANGES TO OFF	CENS AND	Change	Addition
NAME	DAVIS, PAUL R.	hand Potential	1.2 N						
STREET ADDRESS	1192 TROTWOOD			TREET ADORE	ss 1	115 Arbor Glen C:	ircle		
City - St - 7IP	WINTER SPRINGS FL		140	TY-ST-ZIP	W	inter Springs, Fl	L 32	708	
TITLE	D	DELETE	2.1 7	TLE				Change	Addition
NAME	DAVIS, CONSTANCE A.		2.2 N	AME					
STREET ADDRESS	1192 TROTWOOD		2.3 \$	TREET ADDRE		115 Arbor Glen C			
C(TY - S1 - 7IP	WINTER SPRINGS FL		2.40	ITY-ST-ZIP	W	inter Springs, F	L 32	708	
TILLE	D	☐ DELETE	3.1 T	TLE				Change	Addition
NAME	DAVIS, PHILLIP		3.2 N	AME		or who are more than the	TT on d de	222	
STREET ADDRESS	1192 TROTWOOD		3.3 S	FREET ADDRE		35 Mingo Trail,		242	
C-TY - ST - ZIP	WINTER SPRINGS FL	- Others	_	ITY-ST-ZIP	_ <u> </u>	ongwood, FL 327	<u> </u>	TT Change	Addition
TITLE		☐ DELETE	4.1 T					∐ Change	Addition
NAME			4.21						
STREET ADDRESS				TREET ADDRE	20				
Crty+St+ZiP TitlE		☐ DELETE	4.4 C	TLE				Change	Addition
NAME			5.2 N						
STREET ADDRESS				TREET ADDRE	ss				

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 path; the annual frequency in the corporation or the receiver or trustee empawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13vit changed for on an attachment with an address.

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4-3-97 407 767 5007

Change

☐ Addition

FILED

Apr 09 1997 8:00am

Secretary of State