FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:41

DOCUMENT # **K50066** **(5)**

1. Corporation Name
DAVIS SPORTS EQUIPMENT COMPANY

Principal Place of Business	Mailing Address
1 LAS OLAS CIRCLE SUITE 801 FT. LAUDERDALE FL 33316	1 LAS OLAS CIRCLE SUITE 801 FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1988
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business — 21: not change
2a. Mailing Address — 26: not change
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0098412 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DAVIS, CHARLES S JR.
#1 LAS OLAS CIRCLE, SUITE 801
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1 1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, CHARLES S JR.	1 2 NAME	
STREET ADDRESS	#1 LAS OLAS CIRCLE, SUITE 801	1 3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	1 4 CITY-ST-ZIP	
TITLE	V	2 1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, CHARLES S III	2 2 NAME	
STREET ADDRESS	21 KERCHEVAL AVENUE, 2ND FLOOR	2 3 STREET ADDRESS	
CITY-ST-ZIP	GROSSE POINTE FARMS MI 48326	2 4 CITY-ST-ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ELIZABETH G	3 2 NAME	
STREET ADDRESS	315 18TH AVENUE N.E.	3 3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	3 4 CITY-ST-ZIP	
TITLE	V	4 1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT	4 2 NAME	
STREET ADDRESS	134 LAKESHORE DR., QUAL NORTH BLD., #1115	4 3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	4 4 CITY-ST-ZIP	
TITLE	V	5 1 TITLE	☐ Change ☐ Addition
NAME	SARAHANNE, DAVIS	5 2 NAME	
STREET ADDRESS	1 LAS OLAS CIRCLE, SUITE 801	5 3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
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)(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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles S Davis Jr. 3/31/95 305-463-3840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES S. DAVIS, JR., PRESIDENT

0225014 CP