

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
12/08/1988 07/10/1996
4. FET Number Applied For
65-0098412 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☒ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PTS ☐ DELETE
NAME DAVIS, CHARLES S JR.
STREET ADDRESS #1 LAS OLAS CIRCLE, SUITE 801
CITY-ST-ZIP FT. LAUDERDALE FL 33316
TITLE V ☐ DELETE
NAME DAVIS, CHARLES S III
STREET ADDRESS 21 KERCHEVAL AVENUE, 2ND FLOOR
CITY-ST-ZIP GROSSE POINTE FARMS MI 48326
TITLE V ☐ DELETE
NAME DAVIS, ELIZABETH G
STREET ADDRESS 315 18TH AVENUE N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33704
TITLE V ☐ DELETE
NAME JOHNSON, ROBERT
STREET ADDRESS 134 LAKESHORE DR., QUAL NORTH BLD., #1115
CITY-ST-ZIP NORTH PALM BEACH FL 33408
TITLE V ☐ DELETE
NAME SARAHANNE, DAVIS
STREET ADDRESS 1 LAS OLAS CIRCLE, SUITE 801
CITY-ST-ZIP FT. LAUDERDALE FL 33316
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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 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 or changed, or on an attachment with an address.

SIGNATURE [Signature] 954-463

CR2E034 (4/97)