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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K69944

(2)

HARRY P. DAVIS, INC.

(4

FILED Apr 17 1998 8:00am Secretary of State



28. Principal Place of Business
2. Principal Place of Business
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
2. Principal Place of Business
Suite, Apt. #, etc. City & State Zip Country Zip Country Zip Country Zip Country Zip Signature Registered Agent Country Signature of Status Desired Signature Registered Agent and this if appicable. Not Applicable \$ 8. Certificate of Status Desired \$ 8. Certificate of Status Desired \$ 8. Certificate of Status Desired \$ 5.00 May Be Added to Fees Trust Fund Contribution \$ 5.00 May Be Added to Fees Added to Fees Signature Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent Signature Registered Agent Registered Agent 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 agent. I am familiar with, and accept the obligations of, Section 607.0502 and 607.1508. Florida Statutes SIGNATURE Signature Depth of printed nerve of required agent and this if appicable. (NOTE Required Agent signature required when rehealting) DATE 11. TITLE DATE DATE Addition NOTE Required Agent signature required when rehealting) DATE Signature Depth of printed nerve of required agent and file if appicable. (NOTE Required Agent signature required when rehealting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME DAVIS, HARRY P., JR. 2850 SCOTT CIRCLE JACKSONVILLE FL 3 STREET ADDRESS CITY-SI-ZIP
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired Sa.75 Additional Fee Required
City & State Zip Country Added to Fees No Personal Property Tax due June 30.
23
Zip Country Zip Country Zip Country Zip Country St. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent No Name and Address of New Registered
Zip Country Zip Country Zip Country
9. Name and Address of Current Registered Agent DAYS, JR HARRY P 2850 SCOTT CIR JACKSONVILLE FL 32223 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 agent, and both obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trile if applicable (NOTE Registered Agent signature required when reinellating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DAYS, HARRY P., JR. SIREET ADDRESS CITY-SI-ZIP JACKSONVILLE FL
9. Name and Address of Current Registered Agent DAMS, JR HARRY P 2850 SCOTT CIR JACKSONVILLE FL 32223 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 agent, amount and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and tell if applicable (NOTE Registered Agent signature required when refiniteting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DAVIS, HARRY P., JR. SIREET ADDRESS CITY-S1-ZIP JACKSONVILLE FL 14. CITY-S1-ZIP
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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 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
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS CITY-S1-ZIP DAVIS, HARRY P., JR. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-S1-ZIP 15. TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Addition 10. Addition 11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-S1-ZIP 14. CITY-S1-ZIP
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STREET ADORESS CITY-ST-ZIP 2850 SCOTT CIRCLE 1.3 STREET ADORESS 1.4 CITY-ST-ZIP
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STREET ADDRESS 3.3 STREET ADDRESS
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NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS 1
CITY-ST-ZIP 6.4 CITY-ST-ZIP

4. I 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 eath; 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.

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