

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # K74443 (8)

1. Corporation Name

PAUL DAVIS SYSTEMS OF BROOKSVILLE, INC.

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**871 N SUNCOAST BLVD
CRYSTAL RIVER FL 34429
US**

**PO BOX 605
CRYSTAL RIVER FL 34423-0605
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2940978

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. 198.092
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, J. RICHARD, JR.
871 N SUNCOAST BLVD
CRYSTAL RIVER FL 34429**

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, for 4 applicable:

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GOLDBERG, DONALD
STREET ADDRESS	1947 TANGLEWOOD DR NE
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	D
NAME	GOLDBERG, JANICE
STREET ADDRESS	1947 TANGLEWOOD DR NE
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	P
NAME	SULLIVAN, J. RICHARD
STREET ADDRESS	871 N SUNCOAST BLVD
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	T
NAME	SULLIVAN, BETH
STREET ADDRESS	871 N SUNCOAST BLVD
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 of this report, or on an amendment with an address.

SIGNATURE:

RONALD L. ANDERSON, JR. (PRINTED NAME OF REGISTERED AGENT OR DIRECTOR)

J. Richard Sullivan Jr. 4-19-95

DATE

8704745-1311