

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K79374** (0)

1. Corporation Name

CARVIS, INCORPORATED



Principal Place of Business

**9052 SHALLOW FORD RD
KNOXVILLE TN 37923
US**

Mailing Address

**9052 SHALLOW FORD RD
KNOXVILLE TN 37923
US**

2. Principal Place of Business

21 **1149 LAUREL HILL RD**

2a. Mailing Address

25 **1149 LAUREL HILL RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **KNOXVILLE TN**

City & State

27 **KNOXVILLE TN**

Zip

24 **37923**

Country

Zip

29 **37923**

Country

30

9. Name and Address of Current Registered Agent

**DAVIS, JAMES E
530 S JEFFERSON ST
PERRY FL 32347**

3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

05/01/1995

4. FET Number

59-2935970

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

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 (b)(1) applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
DAVIS, RODERICK L. SR.**
STREET ADDRESS **9052 SHALLOW FORD RD**
CITY-ST-ZIP **KNOXVILLE TN**

TITLE ☐ DELETE

NAME **STD
DAVIS, CATHERINE P.**
STREET ADDRESS **9052 SHALLOW FORD RD**
CITY-ST-ZIP **KNOXVILLE TN**

TITLE ☐ DELETE

NAME **V
FELDMAN, HEATHER**
STREET ADDRESS **9052 SHALLOW FORD RD**
CITY-ST-ZIP **KNOXVILLE TN**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **1149 LAUREL HILL RD.**
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS **1149 LAUREL HILL RD**
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **1149 LAUREL HILL RD**
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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 119.07(3)(k), 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:

Roderick L. Davis Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

423-521-3436

Date

Daytime Phone #

CR2E034 (12/95)