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Feb 10 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 # L24208

(5)

1. Corporation Name

PAUL DAVIS SYSTEMS OF POLK AND HARDEE COUNTIES,
INC.

Principal Place of Business

3602 TIGEREYE CT.
MULBERRY FL 33660

Mailing Address

3602 TIGEREYE CT.
MULBERRY FL 33660-8525



3. Date Incorporated or Qualified

10/20/1989

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BURT, THEODORE M.
114 NE FIRST ST
TRENTON FL 32693

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BOURQUEIN, ROBERT LEE
STREET ADDRESS 3602 TIGEREYE CT.
CITY-ST-ZIP MULBERRY FL

1.1 TITLE ☐ Change ☐ Addition

NAME BOURQUEIN, ROBERT LEE

1.2 NAME

STREET ADDRESS 3602 TIGEREYE CT.

1.3 STREET ADDRESS

CITY-ST-ZIP MULBERRY FL

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BOURQUEIN, RAE H.
STREET ADDRESS 3602 TIGEREYE CT.
CITY-ST-ZIP MULBERRY FL

2.1 TITLE ☐ Change ☐ Addition

NAME BOURQUEIN, RAE H.

2.2 NAME

STREET ADDRESS 3602 TIGEREYE CT.

2.3 STREET ADDRESS

CITY-ST-ZIP MULBERRY FL

2.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME BOURQUEIN, ROBERT LEE
STREET ADDRESS 3602 TIGEREYE CT.
CITY-ST-ZIP MULBERRY FL

3.1 TITLE ☐ Change ☐ Addition

NAME BOURQUEIN, ROBERT LEE

3.2 NAME

STREET ADDRESS 3602 TIGEREYE CT.

3.3 STREET ADDRESS

CITY-ST-ZIP MULBERRY FL

3.4 CITY-ST-ZIP

TITLE M ☐ DELETE

NAME BOURQUEIN, RAE H.
STREET ADDRESS 3602 TIGEREYE CT.
CITY-ST-ZIP MULBERRY FL

4.1 TITLE ☐ Change ☐ Addition

NAME BOURQUEIN, RAE H.

4.2 NAME

STREET ADDRESS 3602 TIGEREYE CT.

4.3 STREET ADDRESS

CITY-ST-ZIP MULBERRY FL

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE: *Rae H. Bourquein* *Rae H. Bourquein* 2-2-97 (94) 425-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)