

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L43968

(1)

1. Corporation Name

GARY SCOTT DAVIS, P.A.

Principal Place of Business

**4000 SE FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI FL 33131-2396**

Mailing Address

**4000 SE FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI FL 33131-2396**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/17/1990

3a. Date of Last Report

08/08/1994

4. FEI Number

65-0170002

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

2. Principal Place of Business

21 4000 First Union Fin. Center

2a. Mailing Address

26 4000 First Union Fin. Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**DAVIS, GARY SCOTT
4000 S.E. FINANCIAL CENTER
200 S BISCAYNE BLVD
MIAMI FL 33131-2396**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4000 First Union Financial Center

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 acceptable

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	DAVIS, GARY SCOTT
STREET ADDRESS	200 S BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	DAVIS, GARY SCOTT
STREET ADDRESS	200 S BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	

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)(b), 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:

GARY SCOTT DAVIS, President
GARY SCOTT DAVIS
Signature and typed or printed name of signing officer or director

4/4/95
Date

305-577-2910
Telephone Number