

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L66687** (9)

1. Corporation Name
DAVENPORT AND COMPANY

Principal Place of Business Mailing Address
**6570 GRIFFIN RD. 6570 GRIFFIN RD.
103 103
DAVIE FL 33314 DAVIE FL 33314**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 *Gregory Davenport* 26 *1709 SW 4 Court*
22 *N/A* 27 *N/A*
23 *FT Lauderdale FL* 28 *FT Lauderdale FL*
24 *33312* 25 *Broward* 29 *33312* 30 *Broward*

3. Date Incorporated or Qualified **04/17/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0198622** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DAVENPORT, GREGORY
6570 GRIFFIN ROAD
103
DAVIE FL 33314**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) *1709 SW 4 Court*
83
84 City *FT Lauderdale* FL 85 Zip Code *33312*

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 *Gregory Davenport* *Same Agent* *Gregory Davenport*

12. OFFICERS AND DIRECTORS
TITLE **P**
NAME **DAVENPORT, GREGORY**
STREET ADDRESS **6570 GRIFFIN ROAD**
CITY, ST, ZIP **DAVIE FL 33314**

13. ADDITIONAL REGISTERED AGENTS
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS *1709 SW 4 Ct*
14 CITY, ST, ZIP *FT Lauderdale FL 33312*
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if each were by me. 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, changed, or on an attachment with an address.

SIGNATURE: *Gregory Davenport* *7/16/95* *791-6555*
7/16/95 (305)

CR2E034 (3/95)