## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90061 018 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L87711**

Principal Place of Business

DAVEY PROPERTY SERVICES, INC.

370 SE 10TH ST POMPANO BEACH FL 33060		370 SE 10TH ST POMPANO BEACH FL 33060			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 07/18/1990		•	
Principal Place of Business     2a. Mailing Address						4. FEI Number		Ap	plied For
26						65-0205365		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country Zip			ntry		8. This corporation owes the currer	t year Intang	ible	
24	25 29 30			Personal Property Tax.				<b>№</b> No	
24	9. Name and Address of Curren		70			10. Name and Address of New Re	gistered Ag	ent	
	o. Hame and Adamsos of a series			81	Name				
DAVE	EY, ROBERT W.		ļ		<u> </u>	(D. C. D. M. L. L. M. A. C. M.			·
370 S.E. 10TH STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
POMPANO BEACH FL 33060			ŀ	83				11 / 1	
							11111		
					City		FL		Còde
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Silich change was auf	tnonzea	DV tr	named corpo ne corporatio	oration submits this statement for the pin's board of directors. I hereby accept	the appoints	ent as re	gistered
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				Agent	signature required	when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CEDS AND	DIDECTO	DS IN 12
12.		ID DIRECTORS	13.					☐ Change	Addition
TITLE	PT	☐ DELETE	1.1 TIT				·	_ Gildingo	
NAME	DAVEY, ROBERT W.	•	1.2 NA						
STREET ADDRESS	370 S E 10TH ST		1.3 STI	REETA	DDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CIT	Y-ST-	ZIP		<del></del>	7.0	- Addison
TITLE	VPS	☐ DELETE	2.1 TIT	LE			ι	Change	☐ Addition
NAME	DAVEY, MARIE W.		2.2 NA	ME					<u> </u>
STREET ADDRESS	370 SE 10 STREET		2.3 ST	REETA	JODRESS	•			
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	3.1 TIT	ιĖ			[	_ Change	☐ Addition
NAME ,	· · · · · · · · · · · · · · · · · · ·		3.2 NA	ME					ì
STREET ADDRESS	. 7		3.3 ST	REETA	NDDRESS	and the second of the	40.44 5	grade.	7714. NES
CITY-ST-ZIP	* .		3.4. CI	TY-ST-	ZIP		. 1		
TITLE		☐ DELETE	4.1 TIT	LE		e for the second	4 444	_ Change	Addition
NAME			4. 2 N/	AME		•			-
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST-	ZIP				
TITLE		DELETE	5.1 TIT	LE.		<del></del>	ĺ	_ Change	☐ Addition

CITY-ST-ZIP 14. I 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 officer or director of the corporation Block 12 or Block 13 if changed, or

5,2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Addition

CR2E034 (11/98)