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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#	M58291
1. Corporation Name	

DAVIS FREIGHT SYSTEMS, INC.

Principal Pl	ace of	Business
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## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90160 003 \*\*\*150.00



			<u> </u>	3101, 070) 61011 81011 61011 (001			
Principal Place of Business	Mailing Address						
P O BOX 526706	P O BOX 526706						
MIAMI FL 33152 MIAMI FL 33152			DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 08/31/1987				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
17780 N.W. 56 ST.	26	<u> </u>	65-0005656	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State  3 MIAMI FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 4 33166 25	Zip Cor 29 30	untry	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☑No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
DAVIS, LARRY 7722 NW 56TH STREET MIAMI FL 33166		81 Name					
		82 Street Address (P.O. Box Number is Not Acceptable)					
		83					
		84 City	FI	85 Zip Code			
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	if Florida. Such change was authorize	d by the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	of changing its registered bintment as registered			
SIGNATURE	ALONE O. I	d Agent elegature required	( When reinstation ) DATE				

agent. I ar	m familiar with, and accept the obligations of, Section 60	07.0505, Florida	Statutes.						
SIGNATURE		MOTE OF	gistered Agent signature re	novired when reinet	ation)		DATE		
12.	Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS	(NOTE: Re	13.			ANGES TO OF		DIRECTOR	RS IN 12
TITLE		OELETE	1.1 TITLE	,,,,,	71710110.0	, , , , , , , , , , , , , , , , , , , ,		<b>☑</b> Change	Addition
1	DAVIS, LARRY	, , , , , , ,	1.2 NAME					_ •	
NAME	7722 NW 56 STREET		1.3 STREET ADDRESS	7780	N.W.	56 ST.			
STREET ADDRESS				7.00					
CITY-ST-ZIP	MIAMI FL	l pereze	1.4 CITY-ST-ZIP					Change	Addition
TITLE		] DELETE	2.1 TITLE					<b>⊮</b> ] Change	
NAME	DAVIS, LARRY		2.2 NAME	~~~		61.57			
STREET ADDRESS	7722 NW 56 STREET		2.3 STREET ADDRESS	1.180	∧ı. w.	JØ 31.			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP						
TITLE		DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		) DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·				
TITLE		] DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE					Change	☐ Addition
NAME	•		6.2 NAME						
STREET ADDRESS	2		6.3 STREET ADDRESS						
C/TY+ST+7IP	Supplied to the professional and the professional a		6.4 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 Block 12 or Block 13 if changed, or on an anti-charge with an address, with all other like empowered.