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

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 20 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M81769 (5)

1. Corporation Name
ROBERT G. DAVIS, P.A.

Principal Place of Business	Mailing Address
5142 NW 31 ST MARGATE FL 33063-1608 US	5142 NW 31 ST MARGATE FL 33063-1608 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 2272 KENYA LANE
Suite, Apt. #, etc. 22
City & State 23 PUNTA GORDA
Zip 24 33983 Country 25 USA

2a. Mailing Address
26 2272 KENYA LANE
Suite, Apt. #, etc. 27
City & State 28 PUNTA GORDA
Zip 29 33983 Country 30 USA

4. FEI Number: 65-0050998 ☐ 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

9. Name and Address of Current Registered Agent

DAVIS, ROBERT G
5142 NW 31ST ST
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: DAVIS ROBERT G
82 Street Address (P.O. Box Number Is Not Acceptable): 2272 KENYA LANE
83
84 City: PUNTA GORDA FL 85 Zip Code: 33983

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: Robert G. Davis — ROBERT G. DAVIS (NOTE: Registered Agent signature required when reinstating) — DATE: 7/13/95
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ROBERT G.	1.2 NAME	DAVIS ROBERT G.	
STREET ADDRESS	5520 LAKESIDE DRIVE, 203	1.3 STREET ADDRESS	2272 KENYA LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Robert G. Davis — ROBERT G. DAVIS — Date: 7/13/95 — Daytime Phone #: 813-285-0995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0032648 CP