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PROFIT *** **** CORPORATION *** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90014 048 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M81769

	Name							
ROBERT	G. DAVIS, P.A.							#1#11 #1#11 1 ## 1
		· · ·				_	 	
Principal Place	of Business	Mailing Ad	dress		•			
2272 KENYA LA	NE		IARBOR BLVD		,	1		
PUNTA GORDA FL 33983			SUITE 129 PUNTA GORDA FL 33950			DO NOT WRITE IN THIS SPACE		
US		US PUNTA GUE	HUA FL 33930			3. Date Incorporated or Qualifed		
		00				06/01/1988		
O Dissipal Di	ace of Business	2a. Mailing	Address	~		4. FEI Number	A	pplied For
Z. Principal Pi	ace of business	26	, 100.002			65-0050998	N	ot Applicable
Suite, Apt. i	# etc		Apt. #, etc.				\$8.75	Additional
Suite, Apt. 1	#, u.c.	27	P , ****			5. Certificate of Status Desired	⊢ Fe _{e R}	equired
City & State		City &	State			6. Election Campaign Financing	\$5.00	May Be
¬ ´	v	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Country		8. This corporation owes the current	t year Intangible	
24	25	29	30]		Personal Property Tax.	☐Yes	□No
<u>.4 </u>	9. Name and Address of		gent			10. Name and Address of New Reg	istered Agent	
7		7 4 775		81	Name .		,	
DAVI	is, robert G			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e) ·	
2272	KENYA LANE			102	Ollectradie	معراط للمعجود الوم العراق أأح المراهري ال	Lines Contracts	terr war to be
PUN	TA GORD FL 33983			83	_		是的数数	
t	* *			84	City	・ ・ ・ ・	85 Zip	
				1041	CILY	Arministration of the state of	10011	7,777
1. 351 573	The Charlet and the state of th			1	• •		<u> </u>	
11 Pursuant	to the provisions of Sections 6	07.0502 and 607.1508	, Florida Statutes,	the above	• •	oration submits this statement for the pu	rpose of changing it	s registered
11. Pursuant office or re	to the provisions of Sections 6 egistered agent, or both; in the	07.0502 and 607.1508 State of Florida. Such	I, Florida Statutes, h change was auth h 607 0505, Florida	the above	• •	oration submits this statement for the pun's board of directors. I hereby accept t	rpose of changing it he appointment as r	s registered egistered
11. Pursuant office or n agent. I a	to the provisions of Sections 6 egistered agent, or both; in the m familiar with, and accept the	07.0502 and 607.1508 State of Florida. Such obligations of, Section	, Florida Statutes, change was auth 607.0505, Florida	the above orized by to a Statutes.	• •	oration submits this statement for the pun's board of directors. I hereby accept t	prose of changing it the appointment as r	s registered egistered
11. Pursuant office or nagent. La	to the provisions of Sections 6 egistered agent, or both; in the m familiar with, and accept the	· spino		I VY	-named corporation	when reinstating)	DATE	
11. Pursuant office or n agent. I a	to the provisions of Sections 6 egistered agent, or both; in the familiar with, and accept the Signature, typed or printed name of reds	· spino	e. (NOTE: Re	I VY	-named corporation		DATE CERS AND DIRECT	ORS IN 12
11. Rursuant office or n agent. La SIGNATURE	to the provisions of Sections 6 egistered agent, or both; in the familiar with, and accept the Signature, typed or printed name of reds	tered agent and title if applicable	e. (NOTE: Re	gistered Agent	-named corporation	when reinstating)	DATE	ORS IN 12
11. Rursuant office or nagent. I all SIGNATURE	to the provisions of Sections 6 egistered agent, or both; in the m familier, with, and accept the Signature, typed or prinied name of register.	tered agent and title if applicable	e. (NOTE: Re	gistered Agent	-named corporation	when reinstating), ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filing does not quality 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

2272 £ Mai 2 First (177) .

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

ROBERT G. DAVIS Pus.

Change

☐ Addition