

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90037 020 ****61.25

DOCUMENT # N01000001105

1. Entity Name

**THE DAVIS PRODUCTIVITY AWARDS FOUNDATION,
INC.**



Principal Place of Business

106 N BRONOUGH ST
TALLAHASSEE FL 32301

Mailing Address

106 N BRONOUGH ST
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3709411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALABRO, DOMINIC M
106 N BRONOUGH ST
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TC	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, T. ONEAL	
STREET ADDRESS	1776 AMERICAN HERITAGE LIFE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EVANS, STEVE	
STREET ADDRESS	101 N MONROE ST, STE 750	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TP	<input type="checkbox"/> Delete
NAME	CALABRO, DOMINIC M	
STREET ADDRESS	106 N BRONOUGH ST	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	T	<input type="checkbox"/> Delete
NAME	OHLINGER, CHARLES T	
STREET ADDRESS	400 N ASHLEY DR STE 1775	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ALFREDO, HOFFMAN JR	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hoyt B. Barnett	
STREET ADDRESS	Publix Supermarkets, Inc.	
CITY-ST-ZIP	P.O. Box 407 Lakeland, FL 33802	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Jennings	
STREET ADDRESS	701 San marco Blvd, 12th Floor	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Sullivan	
STREET ADDRESS	Dutback Steakhouse	
CITY-ST-ZIP	2202 N Westshore Blvd 5th Floor Tampa, FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dominic M. Calabro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominic M. Calabro
President & CEO

March 5, 2004 (BDD) 222-5052

Date Daytime Phone #