

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 PM 8:20

DOCUMENT # P36840

(7)

1. Corporation Name

DAVENPORT MANAGEMENT, INC.

Principal Place of Business

25 FORD ROAD, SUITE 200
WESTPORT CT 06880

Mailing Address

25 FORD ROAD, SUITE 200
WESTPORT CT 06880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/27/1991

3a. Date of Last Report

04/26/1994

4. FEI Number

06-1249891

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PCD
MILLIGAN, ROBERT B., JR.
25 FORD ROAD, #200
WESTPORT CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
FABRICANT, SCOTT B.
25 FORD ROAD, #200
WESTPORT CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VTD
MULLEN, JOHN E., III
25 FORD ROAD, #200
WESTPORT CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
LINCOLN, MICHAEL D.
25 FORD ROAD, #200
WESTPORT CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
CARROLL, TIMOTHY W.
25 FORD RD., #200
WESTPORT CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

C/O
Milligan, Robert B., Jr.
25 Ford Road, #200
Westport - CT - 06880

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

P/O
Fabricant, Scott B.
25 Ford Road, #200
Westport - CT - 06880

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

DELETE

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

V/S/T/O
Carroll, Timothy W.
25 Ford Road, #200
Westport - CT - 06880

☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Timothy W. Carroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95 (203) 226-7800
DATE TELEPHONE