FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

SIGNATURE:

Many Name
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State

	1996	DIVISI	ON OF CORPORATIONS			
DOCUN 1. Corporation	MENT # P920	000011511	(2)			
-	DAVIS ELECTRIC, INC.					
				<u> </u>		
Principal Place	of Business	Maling Address			UN ORAÑ COMA NOBE MOO. CARE PLAN (1861 1861)	
6 ATLANTIC AVE KEY LARGO FL 33037		6 ATLANTIC AVE KEY LARGO FL 33007				
·······				3. Date Incorporated or Qualified 12/14/1992	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0372054	Applied For Not Applicable	
Suite. Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24]	Country 25	Zip (29)	Country	8. This corporation has liability for		
39	9. Name and Address of Cur		30	Florida Statutes Yes 10. Name and Address of New R		
			81 Name			
WIKNKLER, BARBARA A 428 COLLINS ST			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
	illing St IRGO FL 33037		83			
NET EN	2100 I E 00007					
			' '	84 City FL 85 Zip Code		
OF TEGISTER	id agent of both, in the state of p	looda, auch chaide was ai	uthorized by the compration's bo	oration submits this statement for the pur and of directors. Thereby accept the appo	pase of changing its registered office	
FOLITHION AND	n, and accept the obligations of, S	ection 607.0505, Florida Si	tatutes	are a constant increasy bacopic trial applications	ombriodicas registered agent. Fam	
SIGNATURE	Spatiare typical or protect here. of registerial a	gent & dittertigyskatike	(NOTE: Registered Agent signature requi	read where rung time gr	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12	
TITLE NAME	d Davis, david a	☐ DELET			Charige Addition	
STREET ADDRESS	6 ATLANTIC AVE.		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 C/TY - ST - Z/P			
T:TLE		DELET			Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIF TITLE		DELET	2 4 CITY - S1 - 21F		fra o	
NAME		vect	E 3 1 TIFLE 3 2 NAME		Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY - ST-ZIP			3.4 CITY - \$1 - ZIP			
TITLE		DELET			Change Addition	
NAME			4.2 NAME		_	
STREET ADDRESS			4.3 STREET ADDRESS			
CiTY-ST-ZIP TITLE		Florer	4 4 C/TY - ST - Z/P			
NAME		☐ DELETI			☐ Change ☐ Addition	
STREET ADDRESS			5.2 NAME			
City-St-ZiP			5 3 STREET ADORESS 5 4 City - ST - ZiP			
TITLE		☐ DELET			Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STHEET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
oath; that I	Jie iniormation indicated on this ar	inual report or supplement. paration or the receiver or	al annual report is true and accur trustee empowered to execute ti	for the exemption stated in Soction 119.0 ate and that my signature shall have the s is report as required by Chapter 607, Flo	como local effect so if overlander	

305-451-0006