FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P92000011511 (2)

DAVID	DAVIS ELECTRIC, INC.	•	•			80 BU 11861 HABI BURU 11861 HABI 1881
Principal Plac	e of Business	Mailing Address	<u> </u>		T JERFINSI ATA FRIIT ANKAN DENII ERAH RENII	00:01 H401 H001 4H41 H011 H011 H01
6 ATLANTIC AVE 6 ATLANTIC AVE KEY LARGO FL 33037 KEY LARGO FL 33037					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 12/14/1992	
· ,	lace of Business	2a. Mailing Address			4. FEt Number	Applied For
Suite, Apt.	#. etc	Suite, Apt #, etc.			65-0372054	Not Applicable 88.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
Z _I D	Country	28 Zip	Country			Added to Fees
24	25	29	30		This corporation owes or has paid Personal Property Tax due June 30	
	9. Name and Address of Curr		1001		10. Name and Address of New Regis	
WIKNKLER, BARBARA A				ne		
	8 COLLINS ST		82 Stre	et Addres	s (P.O. Box Number is Not Acceptable))
KE	Y LARGO FL 33037		83			
						·
			84 City	1		FL 85 Zip Code
agent la SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered to	igations of, Section 607.0505, F	authorized by the clorida Statutes. TE Registered Agent signs		ation submits this statement for the pur is board of directors. I hereby accept t	he appointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE	1.1 TOTLE	\		Change Addition
NAME	DAVIS, DAVID A 6 ATLANTIC AVE.		1.2 NAME	İ		
STREET ADDRESS	KEY LARGO FL 33037		1.3 STREET ADDRE	SS		
CITY-ST-ZIP TITLE	1101 04100 12 00001	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NAME			2.2 NAME			- , -
STREET ADDRESS			2.3 STREET ADDRE	ss		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	SS		
CATY-ST-ZAP TITLE	 	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADORES	ss		
CITY-ST-ZIP	<u></u>		4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME	<u>.</u>		
STREET ADDRESS			5.3 STREET ADORES	»		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	 		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRES	ss		
חוד דים עדוים			0 4 OUT / OT 710	1		

14. Thereby 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 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 of the receiver or trustop 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.

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