

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 12 1997 8:00am  
Secretary of State

DOCUMENT # **P93000009352 (4)**

1. Corporation Name

**DAVID R. DAMORE, P.A.**

Principal Place of Business

Mailing Address

**154 S. HALIFAX AVE.  
DAYTONA BEACH FL 32118**

**154 S. HALIFAX AVE.  
DAYTONA BEACH FL 32118-4480**



2. Principal Place of Business

2a. Mailing Address

**21 457 SOUTH RIDGEWOOD AVENUE**

**26 457 SOUTH RIDGEWOOD AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 DAYTONA BEACH, FL**

**28 DAYTONA BEACH, FL**

Zip

Zip

Country

Country

**24 32114**

**25 USA**

**29 32114**

**30 USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**02/08/1993**

**01/26/1996**

4. FEI Number

Applied For

**59-3165005**

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

**DAMORE DAVID  
054 S. HALIFAX AVE.  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81 Name

**DAVID DAMORE**

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

**457 SOUTH RIDGEWOOD AVENUE**

83

84 City

**DAYTONA BEACH**

**FL**

85 Zip Code

**32114**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**P  
DAMORE, RICHARD R  
154 S. HALIFAX AVE.  
DAYTONA BEACH FL**

TITLE

**ST  
DAMORE, DAVID R  
154 S. HALIFAX AVE.  
DAYTONA BEACH FL**

TITLE

**ST  
DAMORE, DAVID R  
154 S. HALIFAX AVE.  
DAYTONA BEACH FL**

TITLE

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DAYTONA BEACH FL**

TITLE

**ST  
DAMORE, DAVID R  
154 S. HALIFAX AVE.  
DAYTONA BEACH FL**

TITLE

**ST  
DAMORE, DAVID R  
154 S. HALIFAX AVE.  
DAYTONA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**457 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**457 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH, FL 32114**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do 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 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 secretary 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.

SIGNATURE:

**DAVID R. DAMORE**

**3-7-97**

**(904) 239-0779**

Date

Daytime Phone #

CR2E034 (9/96)