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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Daytime Phone #

Date

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000065240 (2)

PAUL DAVIS SYSTEMS, INC. OF NORTH PINELLAS

10950 47TH ST., NORTH CLEARWATER FL 34622 US				O	10950 47TH ST., NORTH CLEARWATER FL 34622-5001 US					Date Incorporated or Qualified 08/15/1993						
2. Principal Place of Business					2a. Mailing Address				·····	4. FEI Number	Applied For				-	
21	·				26				59-3201774	Not Applicable						
22	Suite, Apt. #, etc				Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 Additional Fee Required					
23	City & State				City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees				
24	Zip		Country 25	29	Zip Co 29 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No						
	l		Istered Agent		81			10. Name and Address of New Re	gistered A	gent						
OWEN. GEORGE E JR									Name							
157 CENTRAL AVENUE ST. PETERSBURG FL 33701							82	- 5	Street Addre	ess (P.O. Box Number is Not Acceptab	ile)					
OI. I ETENODONO I E OOTO							83	Г	·	A STATE OF THE STA						
							84	(City			85	Zip C	ode		
ļ									-	oration submits this statement for the p	FL			- 4-1	سمحا	
	office or re agent. I ar IGNATURE	egisterod ag m famihar w	gent, or both, in th with, and accept th	e State of Flo e obligations	rida Such change v of, Section 607.0505	vas author 5, Florida :	rized by Statutes	y tr S.	ne corporation	on's board of directors, I hereby accept d when reinstating)	ot the appo	intme	nt as	egistere	d	
							13.			ADDITIONS/CHANGES TO OFFIC		DIRE	CTOR	S IN 12		
—	11.8	PD			DELETE	1	1.1 TITLE					Ct	ange	Add	ition	
N.	AMÉ	WIGGIN	S, CHRISTOPHE	RS		1	1.2 NAME									
S	TREET ADDRESS		NGLEWOOD W			1	1.3 STREET	AD	DDRESS							
C	TY-\$1 - ZIP	ST. PET	ERSBURG FL 3	3702		1	1.4 CITY - S	1-7	ZIP							
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N.	AME		s, kathy k			2	2.2 NAME									
S	IREET ADDRESS		NGLEWOOD W			1	2.3 STREET	AD	ODRESS							
C	11Y - ST - ZIP	ST. PET	ersburg fl. 3:	3702			2.4 CITY-	\$1-	- ZIP			- L		T 1 222		
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STREET ADDRESS				6.3			6.3 STREET ADDRESS									

14. I do horeby 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 receiver 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 atlachment with an address.