## 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

## DOCUMENT # P93000067873 (8)

DAVIS TUNE INC.

Pencipal Place		Mailing Address 3160 ELCANO LANE				
PENSACOLA F		CANTONMENT FL 3253	3-8969			
					3. Date Incorporated or Qualified 09/29/1993	3a. Date of Last Report 01/26/1996
r	lase of Business	2a. Mailing Address			4. FEI Number	Applied For
Sale Aut	#. (10	26			59-3200506	Not Applicable
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country	<b>28</b>	Country	<u></u>	Trust Fund Contribution  8. This corporation has liability for	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent	81	I No.	10. Name and Address of New Re	egistered Agent
	E, DONALD E		61	Name		
3160 ELCANO LANE CANTONMENT FL 32533			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)
į UAI	ALOHMETAL LE DEDOO		83	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————
			84	City		<b>85</b> Zip Code
					poration submits this statement for the	FL
blice or r agent 1 a SIGNATURE	registered agent or hoth, in the Sta m famil or with, and accept the oblina-	igations of, Section 607.0505	, Florida Statute	S.	ition's board of directors. I hereby acce	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
HI.F	P\$	☐ DELETE				Change Addition
NAM)	ROE, DONALD E 3160 ELCANO LANE		1.2 NAME	ADDRESS		
STREET ALTORES!	CANTONMENT FL		14 DITY-	1		·
THE	V	DELETE 2.				Change Addition
NAME	ROE, SHIRLEY F			ļ	۰۰:	
STREET APORESS	OALITONIUS EL			T ADDRESS		
ELLE	The second secon		2. 4 CITY- 3.1 TITLE	ST-ZIP	<del></del>	Change Addition
N/At-		[_] treate	3.2 NAME			
STREET ABOVE 115				T ADDRESS		
CHY-51 70:			34 CITY-	ST-ZIP		
101.t		☐ ĐELETE	4 1 TITLE			Change Addition
HAME			4 2 NAME			
STREET A TURESS			4.3 STREE	F ADDRESS		
TOTA PERSON		DELETE	51 TITLE	OI LIF		Change Addition
NAME			5.2 NAME	-		
STREET ALDERS OF			5.3 STREE	T ADDRESS		
Cir S' Zy		- BOSTE	5.4 CHY-1	ST-ZIP		Change   Applican
THE		☐ DELETE	61 TITLE			Change
STREET ADDRESTS			6.2 NAME	I ADDRESS		İ
Onv. 81-759	!		6.4 CITY-			

14. I do hereby cerbly 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 are as observed or or or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name approves in Brack 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND LYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/97

(904)479-3000

**FILED** 

Mar 18 1997 8:00am

Secretary of State