

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:04

DOCUMENT # P93000071478 (0)

1. Corporation Name

THE DAVIS GROUP, INC.

Principal Place of Business

6340 NW 9TH ST
MARGATE FL 33063

Mailing Address

6340 NW 9TH ST
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1993

3a. Date of Last Report

06/01/1994

4. FEI Number

65-0444928

Applied For

Not Applicable

2. Principal Place of Business

21 1440 N. Powerline Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Pompano Beach, FL

27 City & State

28

24 Zip

33069

Country

25 Broward

29 Zip

30

Country

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

9. Name and Address of Current Registered Agent

DAVIS, WADE S

6340 N W 9TH STREET

MARGATE FL 33063

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05

Zip Code

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

Regularly typed or printed name of registered agent and the date

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

DAVIS, WADE S

6340 N W 9TH STREET

MARGATE FL

S

DAVIS, CAROLE D

6340 NW 9TH STREET

MARGATE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

P

Davis, Carole D.

6340 N. W. 9th Street

Margate, FL 33063

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

VP

Davis, Wade S.

6340 N. W. 9th Street

Margate, FL 33063

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 attachment with an address.

SIGNATURE:

Carole D. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole D. Davis

1/12/95 (305) 977-7451