

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000071478 (0)

1. Corporation Name

THE DAVIS GROUP, INC.



Principal Place of Business

1440 N POWERLINE RD
POMPANO BEACH FL 33069
US

Mailing Address

6340 NW 9TH ST
MARGATE FL 33063

3. Date Incorporated or Qualified
10/14/1993

3a. Date of Last Report
01/18/1995

4. FEI Number

65-0444928

Applied For
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, WADE S
6340 N W 9TH STREET
MARGATE FL 33063

81 Name

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

83

84 City

FL

85 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

Signature of officer or principal named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
DAVIS, WADE S
STREET ADDRESS
6340 N W 9TH STREET
CITY, ST, ZIP
MARGATE FL

12 NAME
13 STREET ADDRESS

TITLE ☐ DELETE

14 CITY - ST - ZIP

NAME
DAVIS, CAROLE D
STREET ADDRESS
6340 NW 9TH STREET
CITY, ST, ZIP
MARGATE FL

2.1 TITLE
22 NAME
23 STREET ADDRESS

TITLE ☐ DELETE

24 CITY - ST - ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS

TITLE ☐ DELETE

34 CITY - ST - ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY - ST - ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS

TITLE ☐ DELETE

54 CITY - ST - ZIP

NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS

TITLE ☐ DELETE

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (954) 977-7451

CR2E034 (12/95)