

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OFFICE BY MAY 1
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077102 (0)

1. Corporation Name

H.F. DAVIS 5 & 10 CENT, INC.

Principal Place of Business

3901 S. DIXIE HWY.
WEST PALM BEACH FL 33405
US

Mailing Address

3901 S. DIXIE HWY.
WEST PALM BEACH FL 33405
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

05/24/1994

4. FBI Number 59-1791591

APPLIED FOR

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 199.035:

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

25

State: Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

24

25

29

30

9. Name and Address of Current Registered Agent

BRAMS, DANIEL J
1645 PALM BEACH LAKES BLVD.
SUITE 1050
W. PALM BEACH FL 33401

CHANGE

10. Name and Address of New Registered Agent

81

Name

SAMUEL R. TRENT

82

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

3901 S. DIXIE HWY

83

WEST PALM BEACH, FLA

33405

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

SAMUEL R. TRENT PRES.

Samuel R. Trent

April 27, 1995

(NOTE: Signature of person named as registered agent and the corporation required when filing this statement.)

DATE

12. OFFICERS AND DIRECTORS

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

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(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. 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 of this report, or on an attachment with my signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1995 407 833-4449