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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90028 030 \*\*\*158.75

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000083604**1. Corporation Name

RON DAVIS CONSTRUCTIONS, INC.

Principal Place	e of Business	Mailing Addres	S\$			, , , , , , , , , , , , , , , , , , , ,				
7732 BRINTWOOD DR			7732 BRENTWOOD DR			•				•
ORLANDO FL 32822			ORLANDO FL 32822			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporat			ii AOL	<del></del>
						11/30/1993	and or addition			
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number				Applied For
21		26				<u>59-3213877</u>	,			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of St	atus Desired	⊌	*	Additional
22		27				<b>5.</b> 33.1.33.3 3. 3.			Fee F	Required
City & State	e	City & Stat	е			6. Election Campa	aign Financing			May Be
23		28				Trust Fund Cor	tribution		Added	to Fees
Zip	Country	Zip	_	Country	y	8. This corporation		•		_
24	25	29	į.	30	~~	Personal Prope	· •		☐ Yes	□No
	9. Name and Address of Cu	rrent Registered Agen	t			10. Name and Add	tress of New Re	egistered A	gent	
DAV	IO DON			81	Name					
C ZZOO	IS, RON 2 BRENTWOOD DR	-1, 11				82 Street Address (P.O. Box Number is Not Acceptable)				
		<i>1</i>							1 1/2	* * * * * * * * * * * * * * * * * * *
UKL	ANDO FL 32822			83	<sup>3</sup>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 6			
				84	City		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		85 Zip	Code
****	and a second	5,464 - 45.5	, .		""			FL		
11. Pursuant	to the provisions of Sections 607	.0502 and 607 1508, Flo	rida Statute	s, the abov	e-named cor	poration submits this st	atement for the p	ourpose of c	hanging it	ts registered
office or n	egistered agent, or both, in the S m familiar with, and accept the o	state of Florida. Such cha bligations of, Section 60	inge was au 7.0505, Flori	itnorized by ida Statute:	r the corporat s.	uon s board of directors.	i nereby accept	i ine appoint	iliciir as i	registered
-3		•	•						•	
CICNATURE										
SIGNATURE	Signature, typed or printed name of registere	ad agent and title if applicable.	(NOTE:	Registered Age	nt signature requir	red when reinstating) .		DATE		
SIGNATURE		S AND DIRECTORS		Registered Age	nt signature requir	red when reinstating) ADDITIONS/CH	ANGES TO OFF	ICERS AND		
	OFFICER.	S AND DIRECTORS	(NOTE:		nt signature requir		ANGES TO OFF	ICERS AND	DIRECT	
12.	D DAVIS, RON	S AND DIRECTORS		13.	ent signature requir		ANGES TO OFF	ICERS AND		
12. TITLE	OFFICER.	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	nt signature requir		ANGES TO OFF	ICERS AND		
12. TITLE NAME	D DAVIS, RON	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME	ET ADORESS		ANGES TO OFF	ICERS AND		Addition
12. TITLE NAME STREET ADDRESS	D DAVIS, RON 7732 BRENTWOOD DR	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADORESS		ANGES TO OFF	FICERS AND		Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RON 7732 BRENTWOOD DR	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ET ADORESS		ANGES TO OFF	FICERS AND	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DAVIS, RON 7732 BRENTWOOD DR	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ET ADORESS		ANGES TO OFF	FICERS AND	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DAVIS, RON 7732 BRENTWOOD DR	S AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ET ADORESS ST-ZIP		ANGES TO OFF	FICERS AND	☐ Change	Addition
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 attachment with an address, with all other like empowered.

STREET ADDRESS