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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400003529 (2)

DAVIS SOUTHERN ENTERPRISES, INC.

Principal Place of Business		Mailing Address				, a status de 11s in 11s dents muert notes muste antes antes antes antes artes antes antes antes and a			
1288 GRAND CA NAPLES FL 339		1288 GRAND CANAL DRIVE NAPLES FL 34110-1506							
						3. Date Incorporated or Qualified 01/07/1994		te of Last R 5/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	oplied For
21		26				65-0465919 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired		\$8.75		
22		27							equired
City & State		City & State			6. Election Campaign Financing	P1	\$5.00		
23	[28]		Country			Trust Fund Contribution		Added t	
Zip	├\			B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes			. 199.032,		
24	9. Name and Address of Currer	29 Anni Registered Agent	30		··············	10. Name and Address of New Ro	<u> </u>		
DAVI	S, JO W	it flogisterou rigott		81	Name	10. 114110 4114 71541000 07 1107 110	·9.0.0.00	-8411	
1288 GRAND CANAL DRIVE				82		<u> </u>			
	ES FL 33963					ddress (P.O. Box Number is Not Acceptable)			
HAVE	TO 1 E 00000			83		· · · · · · · · · · · · · · · · · · ·	·		
				84	City		FL	85 Zip (Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such char	ge was authoriz	ed ba	the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of	changing it ointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered ag	eo: and third applicable	(NOTE Registe	red Ane	ent signature requ	iked when reinstating)	DATE	·····	
12.		ID DIRECTORS	1:			ADDITIONS/CHANGES TO OFFI		DIRECTOR	3S IN 12
TITLE	D	☐ DE	LETE 1.1	TITLE				Change	noitibbA
NAME	DAVIS, ZACHARY C		1.2	NAME					
STREET ADDRESS	1288 GRAND CANAL DRIVE	1.3 \$		1.3 STREET ADDRESS					
CITY-ST-ZIP	NAPLES FL 33963		i 1.4	CITY - S	ST-ZIP				
TITLE	D	Di	LETE 2.1	TITLE				Change	Addition
NAME	DAVIS, JO W		2.2	NAME	1				
STREET ADDRESS	1288 GRAND CANAL DRIVE		2.3	STREET	ADDRESS				
CITY- ST-ZIP	NAPLES FL 33963		2.4	4 CITY -	ST - ZIP				
TITLE		☐ Di	LETE 3.1	TITLE				Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY: ST-ZiP				CITY-	ST-ZIP				
TITLE		10	LETE 4.1	TITLE				☐ Change	Addition
NAME			4 :	2 NAME					
STREET ADDRESS			43	STREET	ADDRESS				
CITY - ST - ZIP				CITY-S	ST-ZIP				
TITLE		<u> </u>		TITLE				Change	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREE"	ADORESS				
CITY - \$1 - ZIF				CITY-S	ST-ZIP				
TITLE		□ D	ELETE 6.1	TITLE				☐ Change	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREE	T ADDRESS				
CiTY-ST-ZiP			6.4	CITY-	ST-ZIP				

14. I do 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 appear eport 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 exportation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name