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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006424 (3)

MARGIE DAVISON, INC.

| Principal Place of Busines | 3 |
|----------------------------|---|
| 9067 MOCKINGBIRD DRIVE | |

Mailing Address

FILED May 14 1998 8:00am Secretary of State



| 9067 MOCKINGBIRD DRIVE SANIBEL FL 33957 | | | | | 9067 MOCKINGBIRD DRIVE SANIBEL FL 33957 | | | | | | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified | | | | | | | |
|---|-----------------------------|--|--|--------------------------------|--|---|------------------------|--------------|------------------------------|--|--|------------------------|-------------|--------------|----------------|----------------|------------------------|--|
| | | | | | | | | | | | | Incorporate 18/1994 | ed or Qua | uitied | | | | |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | | | 4. FEI Number | | | | | A | pplied For | |
| 21 | | | | 2 | 26 | | | | | | 65-0469726 | | | | | N | Not Applicable | |
| Sulte, Apt. #, etc. | | | | 2 | Suite, Apt. #, etc. | | | | | | 5. Certi | ficate of Sta | atus Desir | ed | | | Additional Required | |
| | City & State | / & State | | | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | | | |
| _ | Zip | | Country | | Zip Cour | | | | | 8. This corporation owes or has paid the current year Intangit | | | | | | | | |
| 24 25 29 29 9, Name and Address of Current Registered Agent | | | | | 30 | Personal Property Tax due June 30. | | | | | | | | | | | | |
| | | | | Current Ne | gistered A | gent . | | 61 | Name | ······ | 10. (40) | e dilu Add | 1088 01 10 | ow no | istole? | Agoin | | |
| ļ | | ASON, MAI | | | | | | 62 | | | | | | | | | | |
| , | | | GBIRD DRIVE | | | | | | Stree | Addres | ss (P.O. B | ox Number | is Not Ac | ceptab | 10) | | | |
| SANIBEL FL 33957 | | | | | | | | | | | | | | | *** | | | |
| | | | | | | | | | 0 | | | | | | | | Codo | |
| | | | | | | | | 84 | City | | | | | | FL | 85 Zip | Code | |
| 11. | Pursuant l | o the provis | ions of Sections | 307 0502 an | d 607.1508 | , Florida Statut | tes, the a | pove | -name | corpo | ration sub | mits this sta | atement fo | or the p | urpose c | of changing | its registered | |
| | office or re agent. I ar | e giste red ag n fa miliar wi | ent, or both, in the thick and accept the transfer of the tran | ic State of F se obligation | ierida Such s of, Sectio | n c <mark>nange w</mark> as i n 60 <mark>7.0505,</mark> Fl | autnorize orida Sta | tutes | r ine co S. | rporatio | nis doard | or directors | s. a nereby | , accep | и ине яр | polititietit a | o เลกิเขเลเลด | |
| SIC | GNATURE . | | · | | | | | | | | | | | | | | | |
| | | Signature typed | or printed name of log | | | to (NOI | | d Agn | nt signatu | re required | when reinsta | | NGES TO | OFFIC | DATE ERS AN | D DIRECTO | RS IN 12 | |
| 12. | | P | OFFICERS AND DIRECTORS DELETE | | | 13. | 11777 | | 1.7 | | | | | | Change | | | |
| NAA | | • | MARGIE | | T btreve | | | 12848 | | 20 | vi s | , به | ROB | ERT | | | | |
| | EET ADDRESS | DAVISON, MARGIE TADDRESS 9067 MOCKINGBIRD DR | | | | | | | ADDRESS 9067 MOCKING SIRD DR | | | |) AL- | | | | | |
| _ | Y-ST-ZIP | SANIBEI | | , , | | | | iTY-S | | SA | NIBE | ير , Fo | _ 33 | 95. | 7 | | | |
| TITE | | <u></u> | • | | | DELETE | 2.1 7 | | | | | | | | • | Change | Addition | |
| NAM | AE | | | | | | 2.21 | IAME | | | | | | | | | } | |
| STR | EET AODRESS | | | | , · . | | 2.3 5 | TREET | ADDRESS | | | | | | | | | |
| cm | Y-ST-ZIP | <u>.</u> | <u> </u> | | | | | | ST-ZIP | <u> </u> | | | | | | TT 6. | 7 2 2 100 | |
| TITL | .E | | | | • | L DELETE | 311 | ITLE | | | | | | | | Change | Addition | |
| NAA | AE | | | | | | 3.21 | | | | | | | | | | | |
| | EET ADDRESS | | | | | | | | ADDRESS | | | | | | | | | |
| - | Y-ST-ZIP | | | | | DELETE | | | ST-ZIP | | | | | | | Change | ☐ Addition | |
| TITE | 1 | | | | | | 4.1.1 | ITLE NAME | | | | | | | | | Addition | |
| NAA | | | | | | | | | ADDRESS | | | | | | | | | |
| | eet address Y-St-Zip | | | | | | 1 | HY-S | | | | | | | | | | |
| TITL | | | | | | DELETE | 511 | | 4 44 | | | | | _ | | Change | ☐ Addition | |
| NAF | | | | | | | | IAME | | | | | | | | _ | | |
| | EET ADDRESS | | | | | | | | ADDRESS | | | | | | | | | |
| | Y-ST-ZIP | | | | | | 5.4 0 | ITY-S | T-ZIP | | | | | | | | | |
| TITL | | | | | | DELETE | 6.1 | | | T | | | | | | Change | Addition | |
| NAN | AE | | | | • | | 6.21 | IAME | | | | | | | | | | |
| STR | EET ADDRESS | | | | | | 6.3 8 | TREET | ADDRESS | | | | | | | | | |
| | Y-ST-ZIP | | a information our | | | | | ITY-S | | <u>L</u> | | | | | | | | |

Thereby certify mat the information supplied with this hing cods not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes, 11thther certify that find information 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 of 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.

4/ 1/10