FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 DEC 20 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013684

1. Corporation Name

DAVENPORT ASSOCIATES FLORIDA, INC.

Principal Place of Business	Mailing Address
315 ALLISON AVE. DAVENPORT, FL 33837	315 ALLISON AVE. DAVENPORT, FL 33837

3. Date Incorporated or Qualified: 2-16-94
3a. Date of Last Report:

2. Principal Place of Business (21): 315 ALLISON AVE.
2a. Mailing Address (26): 315 ALLISON AVE.

4. FEI Number: 59-3225613 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23): DAVENPORT, FL
City & State (28): DAVENPORT, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): 33837 Country (25): USA
Zip (29): 33837 Country (30): USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: BRIAN R. GOVONI
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~141 5'TH STREET, NW - SUITE 100~~
84 City: WINTER HAVEN FL 85 Zip Code: 33881

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] Brian R. Govoni 12/15/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. D, P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P KEVIN DAWSON 315 ALLISON AVE. DAVENPORT, FL 33837 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	KEVIN DAWSON 315 ALLISON AVE. DAVENPORT, FL 33837 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002040953--4 -12/30/96--01033--017 ****575.00 ****575.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 96

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] PRESIDENT 12-15 12-12-96 9414240036
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E034 (12/95)