

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -3 AM 8:29

DOCUMENT # P94000019545 (0)

1. Corporation Name

DAVIDSON INSURANCE, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**10909 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618**

Mailing Address

**10909 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/09/1994

3a. Date of Last Report

4. FEI Number

59-3232207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIDSON, MADELYN A
10909 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618**

81 Name

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

83

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

Signature of the current registered agent and the applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
DAVIDSON, MADELYN A
10909 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618**

12.2

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
DAVIDSON, CHRISTOPHER P
10909 NORTH DALE MABRY HIGHWAY
TAMPA FL 33618**

12.3

NAME

STREET ADDRESS

CITY - ST - ZIP

12.4

NAME

STREET ADDRESS

CITY - ST - ZIP

12.5

NAME

STREET ADDRESS

CITY - ST - ZIP

12.6

NAME

STREET ADDRESS

CITY - ST - ZIP

12.7

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

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

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STREET ADDRESS

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CITY - ST - ZIP

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TITLE

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NAME

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STREET ADDRESS

64

CITY - ST - ZIP

☐ Change ☐ Addition

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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 119.07(3)(A), Florida Statutes. I further certify that the information is included on this annual report or supplemental annual report in 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 owner 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 in no block with an address.

SIGNATURE:

SIGNATURE AND TYPE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95 813/963-3482