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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P94000019545 (0)**

1. Corporation Name
DAVIDSON INSURANCE, INC.

Principal Place of Business	Mailing Address
10909 NORTH DALE MABRY HIGHWAY TAMPA FL 33618	10909 NORTH DALE MABRY HIGHWAY TAMPA FL 33618-4112

3. Date Incorporated or Qualified: 03/09/1994
3a. Date of Last Report: 04/23/1996

4. FEI Number: 59-3232207 ☐ Applied For ☐ Not Applicable

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

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

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

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 10931 N. Dale Mabry Hwy	26 Street Address: 10931 N. Dale Mabry Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa FL	28 City & State: Tampa FL
24 Zip: 33618 25 Country: Hillsborough	29 Zip: 33618 30 Country: Hillsborough

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10931 N. Dale Mabry Hwy
83
84 City: Tampa FL 85 Zip Code: 33618

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: Madelyn A. Davidson Madelyn A. Davidson 3/17/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIDSON, MADELYN A 10909 NORTH DALE MABRY HIGHWAY TAMPA FL 33618 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☒ Change ☐ Addition of address 10931 N. Dale Mabry Hwy Tampa FL 33618-4112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIDSON, CHRISTOPHER P 10909 NORTH DALE MABRY HIGHWAY TAMPA FL 33618 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition of address 10931 N. Dale Mabry Hwy Tampa FL 33618-4112
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
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

CR2E034 (9/96)

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 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: Madelyn A. Davidson Madelyn A. Davidson 3/17/97 813/963-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0963646