

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:38

DOCUMENT # P94000023198 (2)

1. Corporation Name

DICESARE & DAVIDSON, P.A.

Principal Place of Business

1509 S FLORIDA AVE
SUITE 3
LAKELAND FL 33803

Mailing Address

1509 S FLORIDA AVE
SUITE 3
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 205 S. Florida Ave.

2a. Mailing Address

26 P.O. Drawer 2278

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lakeland, FL

City & State

28 Lakeland, FL

Zip

24 33801

Country

25 USA

Zip

29 33806

Country

30 USA

4. FEI Number

59-3232359

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

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

9. Name and Address of Current Registered Agent

DICESARE, PAT T II
1509 S FLORIDA AVE
SUITE 3
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name E. Taylor Davidson
82 Street Address (P.O. Box Number is Not Acceptable)
205 S. Florida Ave.
83
84 City Lakeland FL 85 Zip Code 33801

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

E. Taylor Davidson

E. Taylor Davidson

1-25-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DICESARE, PAT T II
STREET ADDRESS	2846 CHATSWORTH LN
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D
NAME	DAVIDSON, E. TAYLOR
STREET ADDRESS	705 EASTON DR
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. Dicesare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-95

813/688-4455