

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

DOCUMENT # **P94000029066 (5)**

1. Corporation Name

DAVIS & FERNANDES, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:36

Principal Place of Business
**4432 NW 23RD AVENUE STE. 9
GAINESVILLE FL 32606**

Mailing Address
**4432 NW 23RD AVENUE STE. 9
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1994

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3238840

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

24

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEEK, DAVID H
1609 GULF LIFE TOWER
JACKSONVILLE FL**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 person named as registered agent and his application

(NOTE: Registered Agent applies; registered agent must file)

(S1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **DAVIS, THOMAS W**
STREET ADDRESS: **4432 NW 23RD AVENUE STE. 9**
CITY, ST, ZIP: **GAINESVILLE FL 32606**

1. TITLE: **P** Change Addition
12. NAME:
13. STREET ADDRESS:
14. CITY, ST, ZIP:

TITLE: **D**
NAME: **FERNANDES, GARY L SR**
STREET ADDRESS: **4432 NW 23RD AVENUE STE. 9**
CITY, ST, ZIP: **GAINESVILLE FL 32606**

21. TITLE: **S, T** Change Addition
22. NAME:
23. STREET ADDRESS:
24. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

31. TITLE: Change Addition
32. NAME:
33. STREET ADDRESS:
34. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

41. TITLE: Change Addition
42. NAME:
43. STREET ADDRESS:
44. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

51. TITLE: Change Addition
52. NAME:
53. STREET ADDRESS:
54. CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

61. TITLE: Change Addition
62. NAME:
63. STREET ADDRESS:
64. 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 190.017(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 prosecute this report as required by Chapter 1007, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Handwritten signature of Gary L Fernandes
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95

904-378-5800