

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90060 042 ***150.00

DOCUMENT # P94000059552

1. Corporation Name

PAUL DAVIS SYSTEMS, INC. OF PASCO

Principal Place of Business

**4209 GRAND BLVD
NEW PORT RICHEY FL 34652
US**

Mailing Address

**4209 GRAND BLVD.
NEW PORT RICHEY FL 34652
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

4. FEI Number

59-3267155

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7944 RUTILIO COURT

Suite, Apt. #, etc.

22
City & State
23 NEW PORT RICHEY, FL

Zip

34653

Country

25 US

2a. Mailing Address

26 7944 RUTILIO COURT

Suite, Apt. #, etc.

27
City & State
28 NEW PORT RICHEY, FL.

Zip

29 34653

Country

30 US

9. Name and Address of Current Registered Agent

**DANNENMILLER, RICHARD
5733 BAYOU GRANDE BLVD. N.E.
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81 Name RICHARD DANNENMILLER

**82 Street Address (P.O. Box Number is Not Acceptable)
4065 MAJESTIC OAK LANE**

83 BROOKSVILLE

84 City BROOKSVILLE

FL

85 Zip Code 34602

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/99

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☒ DELETE
NAME **WIGGINS, CHRISTOPHER S**
STREET ADDRESS **2101 TANGLEWOOD WAY NE.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **TD** ☒ DELETE
NAME **WIGGINS, KATHY K**
STREET ADDRESS **2101 TANGLEWOOD WAY NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **PD** ☐ DELETE
NAME **DANNENMILLER, RICHARD**
STREET ADDRESS **5733 BAYOU GRANDE BLVD., N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **SD** ☐ DELETE
NAME **DANNEMILLER, MICHELLE**
STREET ADDRESS **5733 BAYOU GRANDE BLVD., N.E**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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 **PD**
3.3 STREET ADDRESS **RICHARD DANNENMILLER**
3.4 CITY-ST-ZIP **4065 MAJESTIC OAK LANE**
BROOKSVILLE, FL. 34602

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **SD**
4.3 STREET ADDRESS **MICHELLE DANNENMILLER**
4.4 CITY-ST-ZIP **4065 MAJESTIC OAK LANE**
BROOKSVILLE, FL. 34602

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 **727-841-8559**

CR2E034 (11/98)