

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000092667 (2)

1. Corporation Name

GMR DAVIS CONSULTING, INC.



Principal Place of Business

8730 SHERMAN CIRCLE N  
SUITE 101  
MIRAMAR FL 33025  
US

Mailing Address

P O BOX 848034  
HOLLYWOOD FL 33084  
US

3. Date Incorporated or Qualified  
12/21/1994

3a. Date of Last Report  
05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 2806 GRAY FOX LANE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 ORLANDO FLORIDA

28

Zip

Country

Zip

Country

24 32826

25 USA

29

30

4. FEI Number

65-0555080

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, GARY  
8730 SHERMAN CIRCLE NORTH  
SUITE 101  
MIRAMAR FL 33025

81 Name

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

2806 GRAY FOX LANE

83

84 City

ORLANDO

FL

85 Zip Code

32826

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

*Gary Davis*  
Signature, typed or printed name of registered agent and title if applicable

GARY DAVIS, PRESIDENT

4/29/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME DAVIS, GARY  
STREET ADDRESS 8730 SHERMAN CIRCLE N SUITE 101  
CITY-ST-ZIP MIRAMAR FL

TITLE D ☒ DELETE

NAME DAVIS, ROXANNE  
STREET ADDRESS 8730 SHERMAN CIRCLE N SUITE 101  
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

2806 GRAY FOX LANE  
ORLANDO FLORIDA 32826

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 119.07(3)(k), 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:

*Gary Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29, 1996

Date

305 392 2703

Daytime Phone #

CR2E034 (12/95)