

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

INCORPORATION  
ANNUAL REPORT  
1995



FLORIDA STATE  
DEPARTMENT OF STATE  
Division of Corporations  
1995 ANNUAL REPORT

**APPROVED  
AND  
FILED**

DOCUMENT # P94000092944 (5)

To Incorporate Name:

DAVIS ENTERTAINMENT, INC.

DATE REC'D. 12-10-95

STATE  
OF FLORIDA, FLORIDA

Business Address:

Mailing Address:

107 55 AVE E  
BRADENTON FL 34203

107 55 AVE E  
BRADENTON FL 34203

ORIGINALLY FILED OR FILLED DATED

3. Date Incorporated or Organized:

12/22/1994

3a. Date of Last Report

12/22/1994

Not Applicable

2. Primary Place of Business	2b. Mailing Address	4. EIN Number	Applied For
21 State: APR # 041 City, S. State:	26 State: APR # 041 City, S. State:	105-0540323	<input type="checkbox"/> Not Applicable
22 City, S. State:	27 City, S. State:	5. Continuation of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City, S. State:	28 City, S. State:	6. Continuation of Status Desired	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30
7. This corporation is liable for intangible tax under § 199(d)(2). Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## 9. Name and Address of Current Registered Agent

DAVIS, LLOYD A  
107 55 AVE E  
BRADENTON FL 34203

81. Name

82. Name & Zip Code: EIN Number Is Not Acceptable

83.

84. City

FL 85. Zip Code

11. Pursuant to law provisions of Section 607.02(1) and 607.03(a) Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change will be authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the application of Section 607.03(a) Florida Statutes.

SIGNATURE

12. Officers and Directors	13. Description of Change Requested	14.
D NAME 100014000 City, S. Zip	1. NAME 1. NAME 1. NAME 1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME 100014000 City, S. Zip	2. NAME 2. NAME 2. NAME 2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
0.00	3. NAME 3. NAME 3. NAME 3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
0.00	4. NAME 4. NAME 4. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
0.00	5. NAME 5. NAME 5. NAME 5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
0.00	6. NAME 6. NAME 6. NAME 6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
0.00	7. NAME 7. NAME 7. NAME 7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
0.00	8. NAME 8. NAME 8. NAME 8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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(1), Florida Statutes. I further certify that the information contained on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a hand written signature. That I am the officer or director of this corporation or the owner or legal representative to complete the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, I have signed or my attorney has signed my name.

SIGNATURE: *Eloaine Davis* *Eloaine Davis* 11-10-95 317-8070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR