

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED *P8142*  
AND  
FILED

1997 JUL 23 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # P95000011084 (7)**

1. Corporation Name

**DAVID C INC.**

Principal Place of Business

Mailing Address

**580 VILLAGE BLVD  
SUITE 150  
WEST PALM BEACH FL 33409**

**580 VILLAGE BLVD  
SUITE 150  
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/09/1995</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>65-0561895</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, DAVID C  
580 VILLAGE BLVD  
SUITE 150  
WEST PALM BEACH FL 33409**

81 Name

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

83

84 City

**FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
ANDERSON, DAVID C.**  
STREET ADDRESS **580 VILLAGE BLVD, SUITE 150**  
CITY-ST-ZIP **WEST PALM BEACH FL**

11 TITLE ☐ Change ☐ Addition

12 NAME **600002247018-9**

13 STREET ADDRESS **-07/24/97-01093--006**

14 CITY-ST-ZIP **\*\*\*\*165.00 \*\*\*\*165.00**

TITLE ☐ DELETE

NAME **VPD  
NEEDLE, ROBERT**  
STREET ADDRESS **580 VILLAGE BLVD #150**  
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **VPD  
CATRANBONE, WILLIAM**  
STREET ADDRESS **580 VILLAGE BLVD #150**  
CITY-ST-ZIP **WEST PALM BEACH FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **STD  
NEEDLE, DAVID**  
STREET ADDRESS **580 VILLAGE BLVD #150**  
CITY-ST-ZIP **WEST PALM BEACH FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 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.

CR2E034 (4/97)

*1188  
7/23/97*

7/15/97 (561)687-1901

pg 2 of 2

**David C. Inc.**  
580 Village Blvd., Suite #150  
West Palm Beach, Florida 33409  
(407) 687-1901 FAX: 687-1904

July 15, 1997

Division of Corporations  
Annual Reports Section  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: David C., Inc.  
FEI No.: 65-0562845

Dear Sir/Madam:

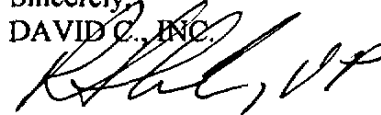
We have received your "2nd Notice" regarding the above-referenced corporation. Please be advised that our management company, Florida Executive Realty Management Corp. (FERM) timely filed the 1997 Annual Report for this corporation and many others. They previously mailed the annual report for this corporation to your office on or about December 31, 1996 with our check number 1038.

A representative from FERM spoke with Trevor Brumbley in your Re-Instatement Division about another corporation that FERM filed and your office records show you received no report. It is our understanding that annual reports and checks were destroyed in processing in early January 1997. It appears that all corporations filed by FERM were destroyed. As instructed by Trevor Brumbley, we have enclosed the 1997 Annual Report for the above-referenced corporation along with a "replacement check" for One Hundred Sixty-five Dollars (\$165.00) for the filing fee.

We appreciate your consideration in processing the enclosed annual report. Should you have any questions, please feel free to give us a call.

Sincerely,

DAVID C., INC.



Robert Needle, Vice President

RN:mek  
Enclosures

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Mailing Address

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SUITE 150  
WEST PALM BEACH FL 33409**

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Suite, Apt. #, etc.

2a. Mailing Address

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Suite, Apt. #, etc.

23 City & State

**24** Zip **25** Country

27 City & State

**29** Zip **30** Country

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**02/09/1995**

3a. Date of Last Report

**04/10/1996**

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**65-0561895**

Applied for  
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☐ **\$8.75** Additional  
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Trust Fund Contribution

☐ **\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30 ☐ Yes ☐ No

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SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
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CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VPD** ☐ DELETE  
NAME **NEEDLE, ROBERT**  
STREET ADDRESS **580 VILLAGE BLVD #150**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VPD** ☒ DELETE  
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TITLE **STD** ☐ DELETE  
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STREET ADDRESS **580 VILLAGE BLVD #150**  
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TITLE ☐ DELETE  
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TITLE ☐ DELETE  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **600002247018-3**  
1.3 STREET ADDRESS **-07/24/97--01098--006**  
1.4 CITY-ST-ZIP **\*\*\*\*165.00 \*\*\*\*165.00**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
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3.4 CITY-ST-ZIP

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4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
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**7/15/97**  
**7/23/97**

Vice President **7/15/97 (561) 687-1801**

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Sincerely,

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