

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90010 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000011084

1. Corporation Name  
DAVID C INC.



Principal Place of Business  
580 VILLAGE BLVD  
SUITE 150  
WEST PALM BEACH FL 33409

Mailing Address  
580 VILLAGE BLVD  
SUITE 150  
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1995

4. FEI Number  
65-0561895

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business

21 901 Northpoint Pkwy

22 Suite/Apt. #, etc.  
304

23 WPB FL

24 Zip 33407 Country USA

2a. Mailing Address

26 901 Northpoint Pkwy

27 Suite/Apt. #, etc.  
304

28 WPB FL

29 Zip 33407 Country USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name David Anderson

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

83 # 304

84 City WPB

85 Zip Code FL 33407

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

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

☐ DELETE

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

☐ DELETE

TITLE STD  
NAME NEEDLE, DAVID  
STREET ADDRESS 580 VILLAGE BLVD., #150  
CITY-STATE-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 901 Northpoint Pkwy, # 304  
1.4 CITY-STATE-ZIP WPB FL 33407

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 901 Northpoint Pkwy, # 304  
2.4 CITY-STATE-ZIP WPB FL 33407

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 901 Northpoint Pkwy, # 304  
3.4 CITY-STATE-ZIP WPB FL 33407

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 supplements to 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)