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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000015257

1. Corporation Name

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90032 004 ***150.00

DAVIS FO	OODSERVICE, INC.			-						
Principal Place	e of Business	Mailing Address					i (841400) sin color pisti botic (91111 1991 1891
620 STATE RD.		620 STATE RD. 542					•			
		DUNDEE FL 33838-4100	DUNDEE FL 33838-4100				DO NOT WE	ITE IN TUIC	CDACE	
						<u> </u>	3. Date Incorporated or Qualifer		- SFACE	
							02/23/1995			
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number		Ар	plied For
21	acc of Ecolisias	26					59-3302729		No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #,:etc.=	-	٠ - نوســ	ب سیحہ۔۔	9	5. Certifcate of Status Desired		\$8.75	dditional
22		27					5. Centicate of Status Desired	П	Fee Re	quired
City & State	e	City & State					6. Election Campaign Financing) _□	\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		untry			8. This corporation owes the cu	rrent year In		
24	25	29	30				Personal Property Tax.	D. alatauad	Yes	□No
	9. Name and Address of Current	t Registøred Agent		81	Name	1	IO. Name and Address of New	Kegisterea	Agent	
DAVI:	IS, JAYNE B			"	Ivame					
	STATE RD. 542			82	Street A	ddress	(P.O. Box Number is Not Accer	table)		}
	DEE FL 33838-4100			83					<u> </u>	•
5011	DEE 1,2 33333 1.103			183			•			
				84	City			FI	85 Zip (Code
									- 1 -4	
44 5		2 and 607 1609 Florida Stat	utoe the	above.	-named c	cornorat	tion submits this statement for th	e purpose of	fichanging its	reaisterea i
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was	autnonze	ed DV t	tne comoor	corporat ration's	tion submits this statement for the board of directors. I hereby acc	e purpose of ept the appo	f changing its intment as re	registered gistered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida. Such change was	autnonze	ed DV t	tne comoor	corporat ration's	tion submits this statement for the board of directors. I hereby acc	e purpose of ept the appo	f changing its intment as re	registered gistered
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14. I hereby certify that the information supplied with this filling 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 clansed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #