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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000018646 (6)

1. Corporation Name
DAVIS-BEWS DESIGN GROUP, INC.



Principal Place of Business
1413 SO. HOWARD AVENUE STE. 203
TAMPA FL 33606

Mailing Address
1413 SO. HOWARD AVENUE STE. 203
TAMPA FL 33606-3176

3. Date Incorporated or Qualified 03/06/1995
3a. Date of Last Report 03/06/1996

2. Principal Place of Business
21 209 SOUTH HOWARD AVE.
Suite, Apt #, etc.

2a. Mailing Address
26 209 SOUTH HOWARD AVE.
Suite, Apt #, etc.

4. FEI Number 59-3302661
Applied For Not Applicable

22 City & State
23 TAMPA FL

27 City & State
28 TAMPA FL

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

24 Zip 33606 25 Country USA

29 Zip 33606 30 Country USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$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

BEWS, JOHN
1413 SO. HOWARD AVENUE STE. 203
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
209 SOUTH HOWARD AVE.
83
84 City TAMPA FL 85 Zip Code 33606

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 *John H. Beus, Jr.* JOHN H. BEUS, JR. 1-21-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, STACY	
STREET ADDRESS	1413 SO. HOWARD AVENUE STE. 203	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEWS, JOHN	
STREET ADDRESS	1413 SO. HOWARD AVENUE STE. 203	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	209 SOUTH HOWARD AVE.
14 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	209 SOUTH HOWARD AVE.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *John H. Beus, Jr.* JOHN H. BEUS, JR. 1-20-97 813-2583925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)