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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

*Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000038195 (0)

DAVIS INNOVATIONS, INC.

FILED Mar 11 1998 8:00am Secretary of State



FIRIDIDAL I IACE	o or business	Maiing Address			
8992 WILLOW MELBOURNE		6992 WILLOW COURT MELBOURNE FL 32905			
MELDOURINE	Lr atana	MELDOURNE PL 32803		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	$\neg \neg$
				05/11/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number Applied Fo	or
21 <i>27</i>	8 N. Wickham Rd	26		59-3312868 Not Applic	
Suite, Apt.		Suite, Apt. #, etc.		- \$8.75 Additions	
	bourne, Flo	City & State		5. Certificate of Status Desired Fee Required	
City & State		28		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	
_ Zip	Country	Zıp	Country	8. This corporation owes or has paid the current year Intangible	
Zip 320	133 ₂₅ U.S.	29 30	<u> </u>	Personal Property Tax due June 30. 🖊 Yes 🔲 No	
	g. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered Agent	
FL	AVIN, THOMAS P		81 Name	·	
179	90 HIGHWAY A1A		82 Street	Address (P.O. Box Number is Not Acceptable)	
	ITE 206		02 00000	Address (1.0. Dox Humber is Not Accopiable)	
	TELLITE BEACH FL 32937		83		
•					
			84 City	FL 85 Zip Code	
14 Pureuant t	a the provisions of Sections 607 0502 a	and 607 1508 Florida Statutes	the above-named	corporation submits this statement for the purpose of changing its registe	hered
office or re	egistered agent, or both, in the State of marking with, and accept the obligation	Florida, Such change was auth	horized by the corp	poration's board of directors. I hereby accept the appointment as register	ed
SIGNATURE	Signature, typed or printed name of registered agent a	and tile if applicable. (NOTE: Re	egistered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND (DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.5 TITLE		
NAME	LEBOUEF, SANDRA		1.2 NAME	Leboeufisandea BIVD.	
STREET ADDRESS	220 SHADY BROOK LANE #E		1.3 STREET ADDRESS	1851 Crane Creek Olive.	
CITY-ST-ZIP	LAS VEGAS NV		1.4 City-St-ZIP	VIERA, FI. 32940	
TITLE	ST	DELETE	2.1 THLE	☐ Change ☐ Ado	dition
NAME	CASAVANT, DONNA L		2.2 NAME		
	6992 WILLOW COURT		2.3 STREET ADDRESS		i
STREET ADDRESS	MELBOURNE FL				
CITY-ST-ZIP	B B	DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Add	dition
TITLE	T DAME DODEDT	☐ occeie	3.1 TITLE		51(10(1)
NAME	DAVIS, ROBERT		3.2 NAME	·	
STREET ADDRESS	3004 PEEBLE CREEK STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	Delete	3 4. CITY - ST - ZIP		al'Al'a
TITLE		☐ DELE te	4.1 TITLE	☐ Change ☐ Ado	aition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add	dition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		<u></u>	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Add	dition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied with	this filing does not qualify for the		d in Section 119.07(3)(i), Florida Statutes. I further certify that the informat inature shall have the same legal effect as if made under oath, that I am a	tion
indicated of officer or o Block 12 o	on this annual report or supplemental a director of the comporation or the receive or Block 13 if changed, or on an attagnir	er or trystee empowered to exe	ocute this report as	nature shall have the same legal effect as if made under oath; that I am a required by Chapter 607, Florida Statutes; and that my name appears in CASAURMT	ın

DONNA L. CASAVANT