

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P9500053952**

1. Corporation Name
DAVLU, INC.

Principal Place of Business
**11710 PRAIRIE DR.
BONITA SPRINGS, FL.
33923**

Mailing Address
**P.O. Box 451
BONITA SPRINGS, FL.
33959**

2. Principal Place of Business
21 11710 PRAIRIE DR.

2a. Mailing Address
26 P.O. Box 451

State Apt # etc
22 LOT 4

State Apt # etc
27

City & State
23 BONITA SPRINGS, FL.

City & State
28 BONITA SPRINGS, FL.

Zip Country
24 33923 25 USA

Zip Country
29 33959 30 USA

3. Date Incorporated or Qualified
JULY 13, 1995

3a. Date of Last Report
N/A

4. FEI Number
65-0594085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 191.04,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**GENE MOORE (ATTORNEY)
P.O. Box 910
639 EAST OCEAN AVE.
'SUITE 409
BOVNTON BEACH, FL. 33435**

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 607.0502, Florida Statutes.

SIGNATURE **DAVID L. STANFIELD**

David L. Stanfield

Feb 26, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **DAVID L. STANFIELD**
CITY, ST, ZIP **11710 PRAIRIE DR.
BONITA SPRINGS, FL. 33923**

TITLE ☐ DELETE
NAME **SEC. 1 TREASURER**
STREET ADDRESS **LUCILLE F. HATTEN**
CITY, ST, ZIP **11710 PRAIRIE DR.
BONITA SPRINGS, FL. 33923**

TITLE ☐ DELETE
NAME
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CITY, ST, ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

100001847051

-06/03/96--01017--025

*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David L. Stanfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 26, 1996 941-498-5902

CR2E034 (12/95)