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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000059815 (7)

DAVIS INTERIORS WHOLESALE DISTRIBUTORS INC. Principal Place of Business Mailing Address							
1541 N A1A FLGLER BEACH		1541 N A1A FLGLER BEACH FL 32136-21	904				
					3. Date Incorporated or Qualified 08/02/1995	3a. Date of Le 07/25/19	
Principal Piace of Business 1		2a. Mailing Address 26			4, FEI Number 59-3328610	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25		Country 30	/		Yes 🔀 No	der s. 199.032,
	g, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
DAVI	S, RICHARD E		81	Name			
	N A1A Ler Beach FL 32136	8		Street Add	dress (P.O. Box Number is Not Acceptable)		
			83				
•			84	<u> </u>		FL 85	Zip Code
office or n agent. La SIGNATURE	egistered agent, or both, in the State of lagrillar with, and accept the bolig furnament	e of Florida. Such change was au pations of, Section 607.0505, Flor	uthorized b rida Statute	y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment of the property of the appointment of the property of the pr	Ing its registered int as registered
10	Signature, typed or panted name of registered ag-	ID DIRECTORS	13.	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	PEDS AND DIREC	TODS IN 12
12.	PTS	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Cha	
	DAVIS, RICHARD	Emi petere	1.2 NAME	-		L U.	ange
NAME ANDERS AND DESCRIPTION	1541 N AIA			I ADDRESS			
STREET ADDRESS	FLGLER BEACH FL 32136			· · · · · · · · · · · · · · · · · · ·			
CHY-ST-ZIP			1.4 CITY - 1 2.1 TITLE	51-ZIP		☐ Chá	ange Addition
NAM!		DECENT	2.2 NAME		e de la companya de l		ango L Produces
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY- 3.1 TITLE	31-2IP	· · · · · · · · · · · · · · · · · · ·	Cha	ange Addition
NAMÉ			3 2 NAME				_
STREET ADDRESS				T ADDRESS			
C:TY - ST - ZIP			34. CITY-]			
THILE		DELETE	4 1 TITLE			☐ Cha	ange Addition
NAMÉ			4. 2 NAME				•
STREET ADDRESS				T ADDRESS			
CHTY+S1+7IP			4.4 CITY -	1			
Dire		DELETE	5.1 TITLE	<u> </u>		☐ Cha	ange Addition
NAME			5.2 NAME				
STREET ADORESS				T ADDRESS			
CITY-ST-7iP			5.4 CITY-	1			
TITLE		DELETE 6.1				☐ Chi	ange Addition
NAME		·	6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIF			6.4 CITY-	···· -· }			
14. I do herel	t by certify that the information supplie	ed with this filing does not qualify	y for the ex	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify	that the
Lam an o	or indicated on this annual report or officer or director of the corporation o on Block 12 or Block 13 if changed, c	or the receiver or trustee empowe	ered to exe	urate and tha cute this repo	at my signature shall have the same legan ort as required by Chapter 607, Florida S	il effect as if mac Statutes; and that	ie under oath; that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 12 1997 8:00am

Secretary of State